DECLARATION

THE STATE OF **TEXAS** §

COUNTY OF **WALKER** §

My name is Lannette Linthicum, M.D., and I am the Division Director of the Health Services Division of the Texas Department of Criminal Justice (TDCJ), a governmental agency. I am executing this declaration as part of my assigned duties and responsibilities. I am over 21 years of age, of sound mind, capable of making this declaration, and personally acquainted with the facts herein stated.

Attached are true and correct copies of ***emails and documents related to the response to COVID-19.***

The attached records are kept by me in the regular course of my business activity as the Director of the Health Services Division. The entries of such records were made as a regularly conducted activity and my regular practice in my position as the Director of Health Services, and were made at or near the time of the occurrence of the matters set forth by, or from information transmitted by, a person with knowledge of those matters.

I declare under penalty of perjury that the foregoing is true and correct. Executed this the 8th day of June, 2020.

Lannette Linthicum

Lannette Linthicum, M.D.
Director
Health Services Division
Texas Department of Criminal Justice

Case
Valentine
4:20-cv-01115

Exhibit
D EXH 16

CMHC Policy Changes

March 18, 2020

Change to CMHC Chronic Care

Lannette Linthicum

From: Murray, Owen J. <ojmurray@utmb.edu>
Sent: Wednesday, March 18, 2020 3:35 PM
To: Lannette Linthicum; denise.deshields@ttuhsc.edu; Smith, Monte K.; Ben.Leeah@ttuhsc.edu
Subject: Per our

Categories: Printed

Per our discussion LL this what we are suggesting. If you are ok we will distribute to our facilities.
Thanks

As of March 18, 2020, unit based Chronic Care management for non-emergent, stable patients will be deferred for 30 days with the exception of the following patient categories:

1. HCV
2. HIV
3. IDDM

Deferral of the above patient categories must be done based upon a provider review of the record to ensure appropriateness.

This directive is intended to defer stable chronic care patients for 30 days to enhance offender social distancing thereby reducing potential exposure and for the preservation of short supply personal protective equipment (PPE). This list is not intended to be all inclusive and providers are encouraged to exercise sound clinical judgement in deferral assessments. This directive will be reassessed in 30 days or sooner as more information becomes available.

Ojm

March 18, 2020

UTMB Recommendations for Dental Policies Changes

Lori Brewer

From: Lannette Linthicum
Sent: Sunday, June 7, 2020 4:24 PM
To: Lori Brewer
Subject: Fwd: Dental Services

Please print for depo
Lannette Linthicum, M.D., CCHP-A, FACP
Director, Health Services Division
Texas Department of Criminal Justice
Phone: (936) 437-3542

From: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>
Sent: Wednesday, March 18, 2020 4:57:44 PM
To: Horton, Billy E. <behorton@UTMB.EDU>; Murray, Owen J. <ojmurray@utmb.edu>
Cc: Manuel Hirsch <Manuel.Hirsch@tdcj.texas.gov>; Cecil.Wood@ttuhsc.edu <Cecil.Wood@ttuhsc.edu>; denise.deshields@ttuhsc.edu <denise.deshields@ttuhsc.edu>
Subject: Re: Dental Services

I concur. This practice should apply to the Texas Tech sector as well.

Lannette Linthicum, M.D., CCHP-A, FACP
Director, Health Services Division
Texas Department of Criminal Justice
Phone: (936) 437-3542

From: Horton, Billy E. <behorton@UTMB.EDU>
Sent: Wednesday, March 18, 2020 4:39:52 PM
To: Murray, Owen J. <ojmurray@utmb.edu>
Cc: Manuel Hirsch <Manuel.Hirsch@tdcj.texas.gov>; Cecil.Wood@ttuhsc.edu <Cecil.Wood@ttuhsc.edu>; denise.deshields@ttuhsc.edu <denise.deshields@ttuhsc.edu>; Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>
Subject: Dental Services

Given the current global pandemic and following the recommendations from the American Dental Association and Centers for Disease Control and Prevention, UTMB-CMC dental is modifying the care provided to the offender population.

The following actions have been implemented to preserve personal protective equipment and patient care supplies during the COVID-19 pandemic:

- Postpone all Level 2 (Interceptive) and Level 3 (Rehabilitative) dental procedures
- Provide care for Level 1 (Urgent/Emergent) conditions
- Perform dental intake exams screening for Level 1 conditions

- Continue to triage all sick call requests and schedule sick call exams as required by policy postponing treatment for offenders with Level 2 and Level 3 conditions.

In addition to above, I suggest we go further and implement below regarding sick call requests and sick call exams.

CMC dental currently physically triages all offenders who request dental care. In order to decrease the traffic in medical and reduce the use of PPEs, I propose dental only physically triage offenders who have complaints of pain, infection, trauma, swelling or bleeding. All offenders requesting treatment for non-urgent/emergent symptoms such as requests for teeth cleanings, lost fillings, or comprehensive examinations would be given a written response. We could respond that they will be seen once the pandemic has subsided or tell them to send in a request once the pandemic has subsided. These changes would reduce traffic as well as dentals use of PPEs.

If we do not make these changes, dental will have a significant increase in sick call requests for routine dental care if/when the health care fee is waived.

Billy Horton, D.D.S.
Director of Dental Services
UTMB-CMC

> On Mar 18, 2020, at 4:32 PM, Murray, Owen J. <ojmurray@utmb.edu> wrote:
>
> Billy,
> Can you send the recommendations on appropriate dental service reduction, so we can review and approve. Thanks
>
> Ojm

Lori Brewer

From: Lannette Linthicum
Sent: Sunday, June 7, 2020 4:25 PM
To: Lori Brewer
Subject: Fwd:

Please print for depo.
Lannette Linthicum, M.D., CCHP-A, FACP
Director, Health Services Division
Texas Department of Criminal Justice
Phone: (936) 437-3542

From: Murray, Owen J. <ojmurray@utmb.edu>
Sent: Wednesday, March 18, 2020 4:32:21 PM
To: Horton, Billy E. <behorton@UTMB.EDU>; Manuel Hirsch <Manuel.Hirsch@tdcj.texas.gov>; Cecil.Wood@ttuhsc.edu <Cecil.Wood@ttuhsc.edu>; denise.deshields@ttuhsc.edu <denise.deshields@ttuhsc.edu>; Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>
Subject:

Billy,
Can you send the recommendations on appropriate dental service reduction, so we can review and approve. Thanks

Ojm

March 23, 2020

Authorization to Distribute Medications KOP for Self-Administration During COVID-19 Emergency (to assist with social distancing) Approved by Joint Medical Directors

Lannette Linthicum

From: Zepeda, Stephanie D. <sdzepeda@UTMB.EDU>
Sent: Monday, March 23, 2020 5:30 PM
To: Lannette Linthicum
Cc: Chris Black-Edwards; Murray, Owen J.; denise.deshields@ttuhsc.edu; Abbott, Kirk D.; Robison, Justin R.; michael.w.jones@ttuhsc.edu; ranee.lenz@ttuhsc.edu
Subject: Approval Required: Expanded KOP Program
Attachments: COVID-19 KOP SOP - 3-23-20.docx; Authorization to Distribute Medications KOP for Self Administration signed DD and OJM.pdf

Importance: High

Categories: Printed

Hi Dr. Linthicum,

Attached is a memo authorizing nursing staff to administer the majority of medications KOP for the duration of the COVID-19 emergency. It has been signed by Dr. DeShields and Dr. Murray. Please sign if you concur.

I've also attached the SOP for your reference.

Let me know if you have any questions or have recommendations for changes.

Thank you.

Stephanie Zepeda, PharmD
Associate Vice President
Pharmacy Services CMC

The University of Texas Medical Branch
200 River Pointe, Suite 200
Conroe, TX 77304
P: (936) 494-4176
M: (713) 504-4201
F: (936) 760-0396
E: sdzepeda@utmb.edu

From: Robison, Justin R. <jrrobiso@UTMB.EDU>
Sent: Monday, March 23, 2020 5:22 PM
To: Murray, Owen J. <ojmurray@utmb.edu>
Cc: Abbott, Kirk D. <kdabbott@UTMB.EDU>; Zepeda, Stephanie D. <sdzepeda@UTMB.EDU>; Coates, Kelly <kecoates@UTMB.EDU>; Williams, Anthony K. <akwillia@utmb.edu>
Subject: Draft - COVID-19 KOP SOP

Dr. Murray,

Attached is a final draft of the SOP for the expanded KOP medication distribution process during COVID-19.
This has been approved by Dr. Penn, Dr. Smith and Dr. Zepeda.
Mike Jones has also reviewed and concurs with the process.

Please let me know if you have any questions.

Thank you,
Justin Robison, MSN, RN, CCN/M
Regional Chief Nursing Officer
Northern GSA
University of Texas Medical Branch
C: (806) 535-1150
jrrobiso@utmb.edu

utmb Health

Subject: Authorization to Distribute Medications KOP for Self-Administration during COVID-19 Emergency

All healthcare operations are now on Emergency Status consistent with declarations at the local and state level. In response, certain procedures related to the distribution of medications as outlined in Pharmacy Policy 50-05 (KOP Medication Distribution Program) will be waived for the duration of the emergency to reduce the number of people gathering to obtain medications to achieve social distancing and to limit the spread of COVID-19.

Specifically, medications (i.e., blister pack cards and containers) should be distributed KOP (keep on person) to patients for self-administration whenever possible regardless of instructions. However, the medications listed below may NOT be given KOP.

- Controlled substances (e.g., opioids, benzodiazepines)
- Medications ordered DOT
- Medications that require refrigeration
- Medications that may be misused as weapons (e.g., medications in class containers, Spiriva®)
- Injectables (e.g., insulin)
- Factor products (e.g., Koate) used to treat hemophilia
- Antipsychotics
- Lithium
- Warfarin
- Oral or topical chemotherapy
- Drugs that must be closely monitored (e.g., transplant medications, drugs for dementia, TB medications, HCV medications)
- Drugs that may be abused (e.g., bupropion, carbamazepine, gabapentin, muscle relaxants, anticholinergics, antispasmodics)

In addition, this waiver does not apply to infirmaries, inpatient mental health facilities, mental health therapeutic diversion program (MHTDP), development disabilities program (DDP), crisis management, or constant direct observation (CDO).

Distribution must be recorded in the SMART medication administration record. Detailed instructions from Nursing Leadership will follow with an effective implementation date. All other requirements related to Policy 50-05 should be followed.

Thank you for your help in planning, preparing and responding to the COVID-19 public health threat. This continues to be a rapidly changing situation and your continued flexibility is greatly appreciated.

Owen J. Murray, DO, MBA
Vice President Offender Care Services
UTMB Correctional Managed Care

3/23/2020
Date

Denise DeShields, MD
Executive Medical Director
TTUHSC Correctional Managed Health Care

3/23/20
Date

Lannette Linthicum, MD, CCHP-A, FACP
Director Health Services
Texas Department of Criminal Justice

3-24-2020
Date

Lannette Linthicum

From: Lannette Linthicum
Sent: Monday, March 23, 2020 6:14 PM
To: Zepeda, Stephanie D.
Cc: Chris Black-Edwards; Murray, Owen J.; denise.deshields@ttuhsc.edu; Abbott, Kirk D.; Robison, Justin R.; michael.w.jones@ttuhsc.edu; ranee.lenz@ttuhsc.edu; Lorie Davis; Melissa Kimbrough; Jason Clark
Subject: Re: Approval Required: Expanded KOP Program

Categories: Printed

Steph
Since all three partner agencies are in agreement with respect to the SOP , relabel it "CMHC Expanded Medication Distribution Process". Thanks

Lannette Linthicum, M.D., CCHP-A, FACP
Director, Health Services Division
Texas Department of Criminal Justice
Phone: (936) 437-3542

From: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>
Sent: Monday, March 23, 2020 6:09:38 PM
To: Zepeda, Stephanie D. <sdzepeda@UTMB.EDU>
Cc: Chris Black-Edwards <Chris.Black-Edwards@tdcj.texas.gov>; Murray, Owen J. <ojmurray@utmb.edu>; denise.deshields@ttuhsc.edu <denise.deshields@ttuhsc.edu>; Abbott, Kirk D. <kdabbott@UTMB.EDU>; Robison, Justin R. <jrrobiso@UTMB.EDU>; michael.w.jones@ttuhsc.edu <michael.w.jones@ttuhsc.edu>; ranee.lenz@ttuhsc.edu <ranee.lenz@ttuhsc.edu>; Lorie Davis <lorie.davis@tdcj.texas.gov>; Melissa Kimbrough <Melissa.Kimbrough@tdcj.texas.gov>; Jason Clark <Jason.Clark@tdcj.texas.gov>
Subject: Re: Approval Required: Expanded KOP Program

Steph,
I concur and will get the signed form to you tomorrow . I appreciate everyone's hard work on this issue.

Lannette Linthicum, M.D., CCHP-A, FACP
Director, Health Services Division
Texas Department of Criminal Justice
Phone: (936) 437-3542

From: Zepeda, Stephanie D. <sdzepeda@UTMB.EDU>
Sent: Monday, March 23, 2020 5:30:16 PM
To: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>
Cc: Chris Black-Edwards <Chris.Black-Edwards@tdcj.texas.gov>; Murray, Owen J. <ojmurray@utmb.edu>; denise.deshields@ttuhsc.edu <denise.deshields@ttuhsc.edu>; Abbott, Kirk D. <kdabbott@UTMB.EDU>; Robison, Justin R. <jrrobiso@UTMB.EDU>; michael.w.jones@ttuhsc.edu <michael.w.jones@ttuhsc.edu>; ranee.lenz@ttuhsc.edu <ranee.lenz@ttuhsc.edu>
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I've also attached the SOP for your reference.

Let me know if you have any questions or have recommendations for changes.

Thank you.

Stephanie Zepeda, PharmD
Associate Vice President
Pharmacy Services CMC

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utmb Health

utmb Health
Working together to work wonders.™

University of Texas Medical Branch
Correctional Managed Care
Standard Operating Procedure

Expanded Keep On Person Formulary for Self-Administration During Coronavirus (COVID-19) Emergency

Purpose: All healthcare operations are now on **Emergency Status** consistent with declarations at the local and state level. In response, certain procedures related to the distribution of medications as outlined in Pharmacy Policy 50-05 (KOP Medication Distribution Program) will be waived for the duration of the emergency to reduce the number of people gathering to obtain medications to achieve social distancing and to limit the spread of COVID-19.

Implementation: Approved Keep on Person (KOP) medications will be distributed to patients for self-administration during the COVID-19 emergency operations.

Process:

I. Approved KOP Medications

a. Applicable medications that can be given KOP:

Medications
Authorized to Be Gi

II. Restricted Medications and Locations

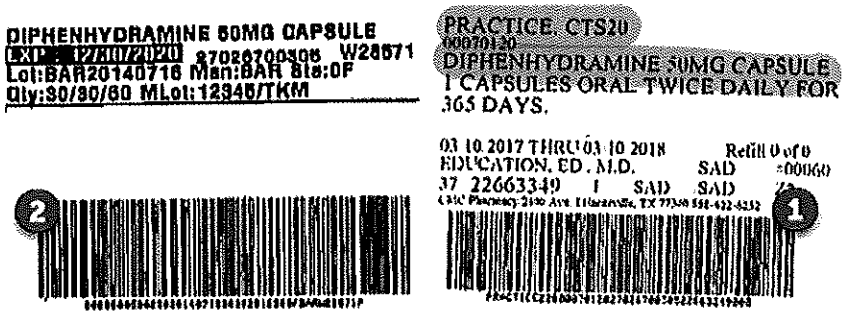
a. Specifically, medications (i.e., blister pack cards and containers) should be distributed KOP (keep on person) to patients for self-administration whenever possible regardless of instructions. However, the medications listed below may NOT be given KOP.
   i. Controlled substances (e.g., opioids, benzodiazepines)
   ii. Medications ordered DOT
   iii. Medications that require refrigeration
   iv. Medications that may be misused as weapons (e.g., medications in glass containers, Spiriva®)
   v. Injectables (e.g., insulin)
   vi. Factor products (e.g., Koate) used to treat hemophilia
   vii. Antipsychotics
   viii. Lithium
   ix. Warfarin
   x. Oral or topical chemotherapy
   xi. Drugs that must be closely monitored (e.g., transplant medications, drugs for dementia, TB medications, HCV medications)
   xii. Drugs that may be abused (e.g., bupropion, carbamazepine, gabapentin, muscle relaxants, anticholinergics, antispasmodics)

Expanded Keep On Person Formulary for Self-Administration During Coronavirus (COVID-19) Emergency

b. Restricted Locations where this does not apply:
   i. Infirmaries
   ii. Inpatient Mental Health Facilities
      a. Jester 4 (J4)
      b. Skyview (SV)
      c. Montford (JM)
   iii. Mental Health Therapeutic Diversion Program (MHTDP)
   iv. Developmental Disabilities Program (DDP)
   v. Crisis Management
   vi. Constant Direct Observation (CDO)
   vii. Patients with Alerts for Trafficking and Trading
      a. A list can be found under TDCJ>Reports>Clinical Operations>Alerts, Registry, Functional Status & Patient Summary Selections>Patient Alerts>Facility>Alert Description: Medication hoarding/trafficking

III. Inventorying Current Medications on Facility and Incoming Medications

a. Mark with yellow highlighter on the patient label on the blister pack of medication or container indicating med can be given KOP. Do not mark or highlight on the blister pack itself or the barcode, only the patient label.

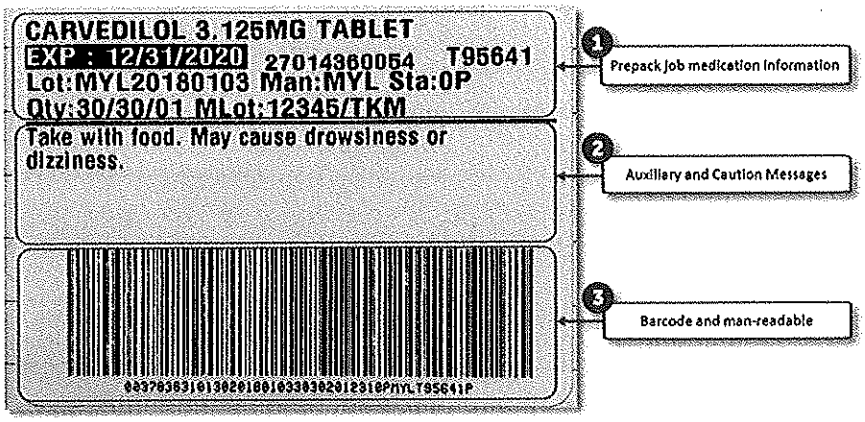


Expanded Keep On Person Formulary for Self-Administration During Coronavirus (COVID-19) Emergency

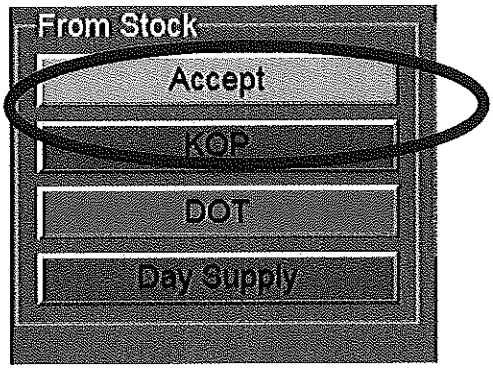
IV. Documentation for Administering Medications Ordered NONKOP if given KOP

a. If a medication is prescribed nonKOP, SMART will not let a user document the card was given KOP. The only way to document is to record the medication as Accept From Stock. This will allow the user to type information in the Stock Log Notes field. The user would note that the card was given KOP and the quantity issued. For example, "Gave card KOP #30."

b. Scan the prepack label of the patient's blister pack card (i.e., label on the left hand side of the card) or the UPC barcode of the item.

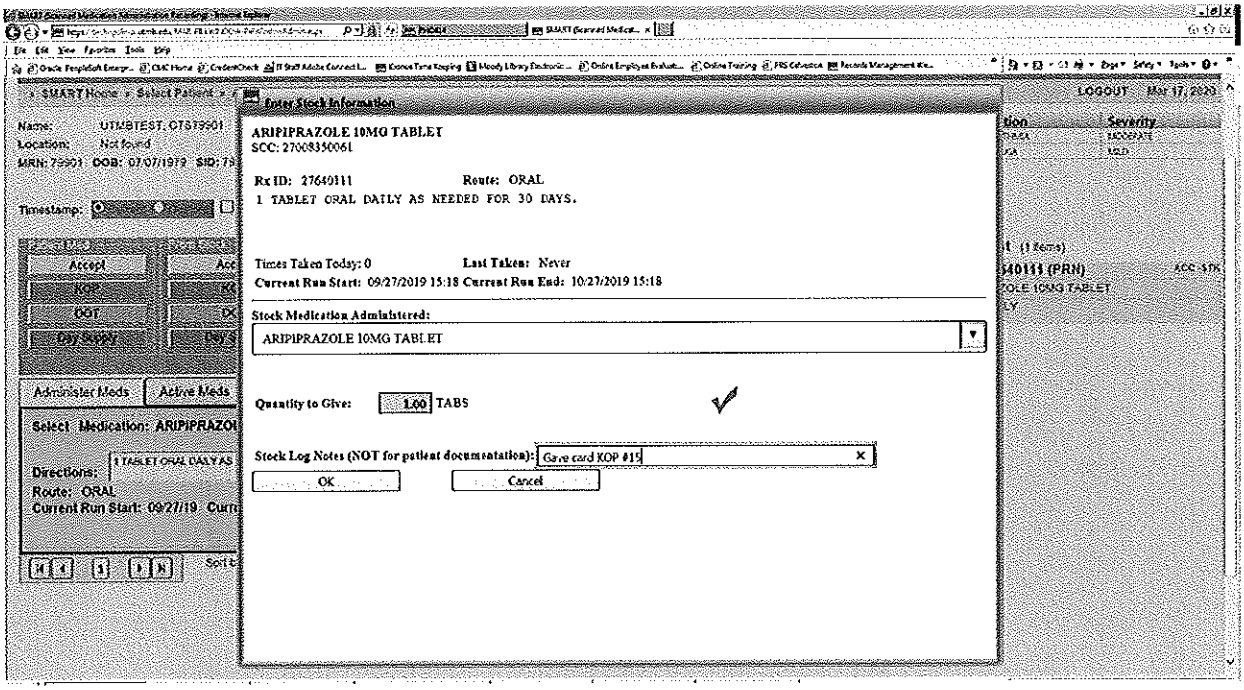


c. Select "Accept" From Stock.

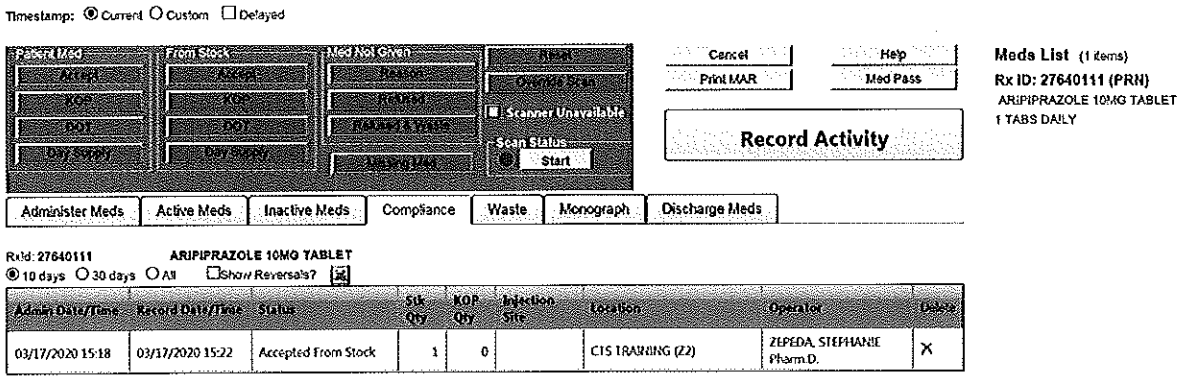


Expanded Keep On Person Formulary for Self-Administration During Coronavirus (COVID-19) Emergency

d. When the "Enter Stock Information" pop up box appears, type a note in the "Stock Log Notes" field that indicates the card was issued KOP and the quantity issued. For example, type "Gave card KOP #30."



e. This information will not appear on the SMART compliance screen or in the EMR. However, the information will appear on PHO102 Medication Doses Issued From Floor Stock report.



Expanded Keep On Person Formulary for Self-Administration During Coronavirus (COVID-19) Emergency

f. PHO102

Schema: TDCJ
Administering Unit: ALL FACILITIES

MEDICATION DOSES ISSUED FROM FLOOR STOCK
03/10/2020 to 03/17/2020

Report Number: PHO102
Report Date/Time: 03/17/2020 03:55:20PM

PATIENT	MRN	MEDICATION ORDERED	DOSE ORDERED	STOCK MEDICATION GIVEN	STOCK DOSES GIVEN	ADMINISTRATION DATE/TIME	RXID	RECORDED BY	NOTES
COLE (CL)									
[redacted]	[redacted]	RISPERIDONE 1MG TABLET	1.00	RISPERIDONE 1MG TABLET	1.00	03/17/2020 03:55PM	26726480	[redacted]	gave card of 30 KOP
COLE (CL) TOTALS:		Total # Patients: 1		Total # Stock Doses: 1.00					Total # Records: 1
GRAND TOTALS:		Total # Patients: 1		Total # Stock Doses: 1.00					Total # Records: 1

g. All other requirements related to Policy 50-05 should be followed.

Lannette Linthicum

From: Lannette Linthicum
Sent: Monday, March 23, 2020 6:10 PM
To: Zepeda, Stephanie D.
Cc: Chris Black-Edwards; Murray, Owen J.; denise.deshields@ttuhsc.edu; Abbott, Kirk D.; Robison, Justin R.; michael.w.jones@ttuhsc.edu; ranee.lenz@ttuhsc.edu; Lorie Davis; Melissa Kimbrough; Jason Clark
Subject: Re: Approval Required: Expanded KOP Program

Categories: Printed

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Justin Robison, MSN, RN, CCN/M
Regional Chief Nursing Officer
Northern GSA
University of Texas Medical Branch
C: (806) 535-1150
jrrobiso@utmb.edu

utmb Health

Subject: Authorization to Distribute Medications KOP for Self-Administration during COVID-19 Emergency

All healthcare operations are now on Emergency Status consistent with declarations at the local and state level. In response, certain procedures related to the distribution of medications as outlined in Pharmacy Policy 50-05 (KOP Medication Distribution Program) will be waived for the duration of the emergency to reduce the number of people gathering to obtain medications to achieve social distancing and to limit the spread of COVID-19.

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- Antipsychotics
- Lithium
- Warfarin
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- Drugs that must be closely monitored (e.g., transplant medications, drugs for dementia, TB medications, HCV medications)
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Thank you for your help in planning, preparing and responding to the COVID-19 public health threat. This continues to be a rapidly changing situation and your continued flexibility is greatly appreciated.

Owen J. Murray, DO, MBA
Vice President Offender Care Services
UTMB Correctional Managed Care

3/23/2020
Date

Denise DeShields, MD
Executive Medical Director
TTUHSC Correctional Managed Health Care

3/23/20
Date

Lannette Linthicum, MD, CCHP-A, FACP
Director Health Services
Texas Department of Criminal Justice

Date

April 3, 2020

CMHC Change to Sick Call Request Management During COVID-19

Authored by Dr. DeShields

Lori Brewer

From: Lannette Linthicum
Sent: Sunday, June 7, 2020 3:57 PM
To: Lori Brewer
Subject: Fwd: DRAFT SCR management during COVID-19 pandemic

Please print for deposition folder

Lannette Linthicum, M.D., CCHP-A, FACP
Director, Health Services Division
Texas Department of Criminal Justice
Phone: (936) 437-3542

From: Deshields, Denise <Denise.Deshields@ttuhsc.edu>
Sent: Friday, April 3, 2020 12:12:48 PM
To: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>; Murray, Owen J. <ojmurray@utmb.edu>; Smith, Monte K. <mksmith@UTMB.EDU>
Subject: FW: DRAFT SCR management during COVID-19 pandemic

Please see draft communication revisions below.

Effective April 2, 2020, the following directive will be followed for sick call request management until further notice.

All Sick Call Requests (SCR) will continue to be triaged by nursing staff according to Policy E37.1. An RN or a provider shall determine if the offender's request is emergent or urgent. All emergent/urgent requests will be evaluated. All non emergent/non urgent sick call requests will be provided the following written response:

Your sick call request (SCR) has been screened by Medical and has been determined not to be emergent or urgent. Due to pandemic COVID-19, to limit unit movement and enhance your safety, all non emergent/non urgent requests will be deferred. All medication renewals will continued to be reviewed. In the meantime, you may resubmit a SCR if your symptoms worsen.

Denise DeShields, M.D.
Executive Medical Director
TTUHSC Managed Care
3901 State Jail Road
El Paso, TX 79938
P: 915-849-8039
F: 915-849-8465

E-Mail: denise.deshields@ttuhsc.edu

Lori Brewer

From: Lannette Linthicum
Sent: Sunday, June 7, 2020 4:05 PM
To: Lori Brewer
Subject: Fwd: Question for hospitals who may receive COVID-19 patients from TDCJ

Please print and place in g th he deposition file folder
Lannette Linthicum, M.D., CCHP-A, FACP
Director, Health Services Division
Texas Department of Criminal Justice
Phone: (936) 437-3542

From: Angus Lupton <Angus.Lupton@senate.texas.gov>
Sent: Wednesday, April 1, 2020 12:27:41 PM
To: andrew.hurn@tdcj.texas.gov <andrew.hurn@tdcj.texas.gov>; Jeremy Desel <Jeremy.Desel@tdcj.texas.gov>
Cc: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>
Subject: Question for hospitals who may receive COVID-19 patients from TDCJ

Mr. Hurn, Mr. Desel and Dr. Linthicum,

This is Angus Lupton w/ Senator Robert Nichols' office. I hope you are doing well. Senator Nichols received a phone call from Steve Presley, mayor of Palestine, regarding what the Palestine Regional Hospital might do to prepare in the event it becomes necessary for TDCJ to transfer offenders exhibiting symptoms or who have tested positive for COVID-19.

The hospital is considering establishing a temporary tent or retrofitting an unused wing of the facility to receive these patients, but before engaging any further, wanted to connect w/ appropriate staff at TDCJ to discuss further.

The information on TDCJ's website was helpful. I'm hoping to set up a conference call w/ Senator Nichols, Mayor Presley and the hospital CEO, Roy Finch with whomever you deem appropriate.

My mobile is (832) 335-8951.

Thanks very much for your assistance.

Sincerely,

Angus Lupton

April 8, 2020

UTMB Outlines Monitoring Process for MI and MR

Lori Brewer

From: Lannette Linthicum
Sent: Sunday, June 7, 2020 3:41 PM
To: Lori Brewer
Subject: Fwd: Medical Restriction / Medical Isolation process

Please print and place in deposition folder
Lannette Linthicum, M.D., CCHP-A, FACP
Director, Health Services Division
Texas Department of Criminal Justice
Phone: (936) 437-3542

From: Lannette Linthicum
Sent: Wednesday, April 8, 2020 3:07:32 PM
To: Lorie Davis <lorie.davis@tdcj.texas.gov>; Allison Dunbar (Allison.Dunbar@tdcj.texas.gov) <Allison.Dunbar@tdcj.texas.gov>
Cc: Oscar Mendoza <Oscar.Mendoza@tdcj.texas.gov>; Bobby Lumpkin <Bobby.Lumpkin@tdcj.texas.gov>; Cody Ginsel <Cody.Ginsel@tdcj.texas.gov>; Melissa Kimbrough <Melissa.Kimbrough@tdcj.texas.gov>; Jason Clark <Jason.Clark@tdcj.texas.gov>; 'Chris Black-Edwards (chris.black-edwards@tdcj.texas.gov)' <chris.black-edwards@tdcj.texas.gov>
Subject: FW: Medical Restriction / Medical Isolation process

Lorie and Allison,
Today the CMHC partners have adopted some new monitoring procedures for COVID-19 positive offenders. These new procedures are outlined under the heading " Medical Isolation-Confirmed C-19." They will go into effect tomorrow on April 9, 2020. Also provided is a summary of medical restriction and medical isolation procedures.

Thank you.

From: Robison, Justin R. <jrrobiso@UTMB.EDU>
Sent: Wednesday, April 08, 2020 2:38 PM
To: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>
Cc: Murray, Owen J. <ojmurray@utmb.edu>; Abbott, Kirk D. <kdabbott@UTMB.EDU>
Subject: Medical Restriction / Medical Isolation process

Dr. Linthicum,

Below the process of monitoring and screening patients on Medical Restriction and those on Medical Isolation in accordance with our COVID-19 policy.

- **Medical Restriction**
  - Unit medical staff work together with the TDCJ Office of Public Health to identify close contacts of suspected or confirmed C-19 cases.

        - Even if Security restricts movement of additional offenders or locks the facility down, only those patients identified by TDCJ OPH for Medical Restriction will be screened by health care staff.
    - A health care worker (may be unlicensed) screens these patients twice a day by obtaining a temperature and asking the patient if he/she has developed a cough or has shortness of breath.
        - Any patient with a temp of 100.4 or higher, or development of a cough or shortness of breath, will don a surgical mask and a provider contacted for additional screening and orders.

- **Medical Isolation – Suspect C-19**
    - When a provider determines a patient is a suspected case and orders are received to test the patient for Covid-19, the patient will be moved to Medical Isolation and OPH is notified.
    - A nurse (RN or LVN) screens these patients twice a day by obtaining a temperature and asking the patient if their cough and/or shortness of breath is improved, unchanged, or has worsened.
        - If a patient has a temp greater than 101, or reports their cough or shortness of breath has worsened, the nurse will then obtain a respiratory rate, and oxygen saturation by pulse oximeter and notify a provider for orders.

- **Medical Isolation – Confirmed C-19 (This process was approved by The Joint Nursing Working Group on 4/7/20 and will be implemented 4/9/20)**
    - If a patient tests positive for Covid-19, enhanced monitoring will be initiated
    - A nurse (RN or LVN) screens these patients twice a day by obtaining a temperature, respiratory rate, oxygen saturation by pulse oximeter, and asking the patient if their cough and/or shortness of breath is improved, unchanged, or has worsened.
    - If a patient has a temp above 101, respiratory rate greater than 22/minute, SpO2 less than 90%, or reports their cough or shortness of breath has worsened, a provider will be notified for orders.

Please let me know if you have any questions

Justin Robison, MSN, RN, CCN/M
Regional Chief Nursing Officer
Northern GSA
University of Texas Medical Branch
C: (806) 535-1150
jrrobiso@utmb.edu

Dr. Keiser Consultation Reports

June 2, 2020

Dr. Keiser Consultation Regarding Discontinuation of Medical Isolation

Lori Brewer

From: Keiser, Philip <phkeiser@UTMB.EDU>
Sent: Tuesday, June 2, 2020 8:53 PM
To: Lannette Linthicum
Subject: Re: .TDCJ mass testing and discontinuation of medical isolation

opps

sorry, I missed the second question.

the incubation time of the virus is about 5-8 days with an outside range of 2-12 days. Hence the 14 day recommendation. Most people will be clear by 10 days but a small minority may developed symptoms at day 11 or 12.

I would recommend staying with the 2 week quarantine at
this point.

From: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>
Sent: Tuesday, June 2, 2020 8:00 PM
To: Keiser, Philip <phkeiser@UTMB.EDU>
Cc: Murray, Owen J. <ojmurray@utmb.edu>; DeShields Denise <denise.deshields@ttuhsc.edu>; Chris Black-Edwards <chris.black-edwards@tdcj.texas.gov>; Smith, Monte K. <mksmith@UTMB.EDU>; Ben Leeah <ben.leeah@ttuhsc.edu>
Subject: .TDCJ mass testing and discontinuation of medical isolation

Dr. Keiser,
In the attachment above are the CDC 's recommendations for discontinuation of medical isolation in non health care facilities. As you know TDCJ has been conducting mass testing. Roughly ten percent of these tests are positive. The overwhelming majority of the offenders are asymptomatic .
My questions are as follows :

1)For asymptomatic offenders who test positive can we discontinue their medical isolation after 10 days provided they remain asymptomatic the entire 10 days ? The ten days would be calculated from the test date forward.

2)For offenders who were contacts of the asymptomatic positive offender and who are also not demonstrating any symptoms; are we required to medically restrict them for 14 days from the date of the positive index offender case test result ; or can they also be medically restricted for ten days from the date of the positive test and released?

Your guidance is appreciated.

Thank you.
Lannette Linthicum, M.D., CCHP-A, FACP
Director, Health Services Division
Texas Department of Criminal Justice
Phone: (936) 437-3542

Lori Brewer

From: Keiser, Philip <phkeiser@UTMB.EDU>
Sent: Tuesday, June 2, 2020 8:50 PM
To: Lannette Linthicum
Cc: Murray, Owen J.; DeShields Denise; Chris Black-Edwards; Smith, Monte K.; Ben Leeah
Subject: Re: .TDCJ mass testing and discontinuation of medical isolation

Dear Dr Linthicum,

I would recommend the symptom based strategy for discontinuation of isolation. (strategy 1 is simply a subset of the symptom based strategy)

I would not recommend retesting individuals as after 10 days (and no symptoms for 3 days), it is very unlikely that the virus will be transmitted. The Korean CDC showed that in over 280 covid patients with persistently positive test, there were NO transmissions to their close contacts. In addition, data from clinical trials show that there is very little virus in peoples nares after 2 weeks.

The PCR test that we use is binary (yes, we detect it, no we dont) After 10 days from a positive test (or 10 plus resolution of symptoms in symptomatic individuals) we will still detect virus but is is probably dead.

I hope this helps

Philip Keiser MD

From: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>
Sent: Tuesday, June 2, 2020 8:00 PM
To: Keiser, Philip <phkeiser@UTMB.EDU>
Cc: Murray, Owen J. <ojmurray@utmb.edu>; DeShields Denise <denise.deshields@ttuhsc.edu>; Chris Black-Edwards <chris.black-edwards@tdcj.texas.gov>; Smith, Monte K. <mksmith@UTMB.EDU>; Ben Leeah <ben.leeah@ttuhsc.edu>
Subject: .TDCJ mass testing and discontinuation of medical isolation

Dr. Keiser,
In the attachment above are the CDC 's recommendations for discontinuation of medical isolation in non health care facilities. As you know TDCJ has been conducting mass testing. Roughly ten percent of these tests are positive. The overwhelming majority of the offenders are asymptomatic .
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2)For offenders who were contacts of the asymptomatic positive offender and who are also not demonstrating any symptoms; are we required to medically restrict them for 14 days from the date of the positive index offender case test result ; or can they also be medically restricted for ten days from the date of the positive test and released?

Your guidance is appreciated.

Thank you.
Lannette Linthicum, M.D., CCHP-A, FACP
Director, Health Services Division
Texas Department of Criminal Justice
Phone: (936) 437-3542

Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings – as of May 2020

Time Base Staffing
At least 10 days have passed since date of their first positive COVID-19 text and they are asymptomatic persons

Test Base Strategy
Negative COVID-19 test from 2 consecutive specimens collected >24 hrs. apart

Symptom Base Strategy
At least 10 days have passed since symptoms first appeared. 3 days have passed without fever without using fever reducing medications

For certain populations, a longer timeframe after recovery may be desired to minimize the chance of prolonged shedding of replication-competent virus. Such persons include 1) healthcare personnel in close contact with vulnerable persons at high-risk for illness and death if those persons get COVID-19 and 2) persons who have conditions that might weaken their immune system which could prolong viral shedding after recovery.

A symptom-base strategy with more stringent requirements (TDCJ's strategy) may be used for recovered persons for whom there is low tolerance for post-recovery SARS-CoV-2 shedding and infectious risk because they are:

1. Persons who could pose a risk of transmitting infection to
   a. Vulnerable individuals at high risk for morbidity or mortality from SARS-CoV-2 infection, or
   b. Persons who support critical infrastructure

2. Persons normally residing in congregate living facilities (e.g., correctional/detention facilities, retirement communities, ships) where there might be increased risk of rapid spread and morbidity or mortality if spread were to occur.

March 28, 2020

Consultation with Dr. Keiser

Contact Tracing for TDCJ employees at HG Exposed to a Positive UTMB Employee

Lannette Linthicum

From: Keiser, Philip <phkeiser@UTMB.EDU>
Sent: Saturday, March 28, 2020 12:21 PM
To: Lannette Linthicum
Subject: Re: HG Covid-19 exposures

we can get you that once we know everything

From: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>
Sent: Saturday, March 28, 2020 11:59 AM
To: Keiser, Philip <phkeiser@UTMB.EDU>
Subject: Fwd: HG Covid-19 exposures

FYI, I wanted you to have all of the facts and context.
Lannette Linthicum, M.D., CCHP-A, FACP
Director, Health Services Division
Texas Department of Criminal Justice
Phone: (936) 437-3542

From: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>
Sent: Saturday, March 28, 2020 11:51 AM
To: Murray, Owen J.
Cc: Ojo, Olugbenga B.; Chris Black-Edwards; Kovacevich, Marjorie M.; Kim Massey; Lorie Davis
Subject: Re: HG Covid-19 exposures

We do not need the employee name now IF the TDCJ Office of Public Health will not be responsible for doing contact investigations involving TDCJ staff at HG. However, we need to be assured thatTDCJ correctional staff will be included in all HG contact investigations as clinically warranted related to Covid-19 cases. When Marjorie first informed my office of the investigation . She only reported offender contacts . When I asked her about potential correctional officer exposures she had to go back to the warden to get this information. The correctional staff were not even on the radar until TDCJ brought it forward as a concern .

I would like some clarity and reassurance from UTMB that our officers will be included in all future investigations and that a report of their exposure risk be reported to warden Massey, Chris and myself.
I will inform Ms. Davis that the officers may return to work. Thank you

Lannette Linthicum, M.D., CCHP-A, FACP
Director, Health Services Division
Texas Department of Criminal Justice
Phone: (936) 437-3542

From: Murray, Owen J. <ojmurray@utmb.edu>
Sent: Saturday, March 28, 2020 11:35:01 AM
To: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>
Cc: Ojo, Olugbenga B. <obojo@utmb.edu>; Chris Black-Edwards <Chris.Black-Edwards@tdcj.texas.gov>; Kovacevich, Marjorie M. <mmkovace@UTMB.EDU>
Subject: Re: HG Covid-19 exposures

Campus epidemiology, following their investigation process, has determined that the contact of the fours officers is low risk.
I spoke with Dr. Keiser this morning and he allows UTMB epidemiology to perform the contact investigations that occur on campus.
Dr. Ojo has conferred with Dr. Patel, who is responsible for epidemiology, and they are comfortable with the placement, care, and oversight of the patients who were in contact with the individual.
Dr. Keiser said he would be glad to discuss the case with you if you'd like to give him a call.
Regarding providing TDCJ with the employee name I have a call into our HIPPA attorney to obtain an answer to your request.

Ojm

On Mar 28, 2020, at 10:56 AM, Lannette Linthicum <lannette.linthicum@tdcj.texas.gov> wrote:

I have two issues that remain unresolved.
First, TDCJ needs to know the identity of the PCT. Marjorie told us she was a laboratory confirmed Covid-19 positive case. The reason TDCJ needs this information is so that TDCJ can determine the exposure risk level of the four correctional officers that worked the night shift with this confirmed case. If you are still unwilling to provide us this information;I will be asking Dr. Kaiser as the Galveston county public health authority to assist TDCJ with the contact investigation. Presently, Ms. Davis has asked all four officers not to come to work. However, with staffing challenges being what they are ; TDCJ would like to get the officers who are at low to zero risk back to work. Let me know your decision in the next hour otherwise I will proceed to contacting the Galveston County Public Health authority .

My second question is as follows: Marjorie also
Informed us that a number of TDCJ offenders were also exposed to the confirmed case. Yet these offenders as potential suspects are not being medically restricted to one area of the hospital . They are on 7C, 7B and 6A. In the community these individuals would be ordered to self quarantine and monitor themselves for symptoms. Why is UTMB leaving these offenders mixed in with other offenders that have had no exposure ? Please advise.

Lannette Linthicum, M.D., CCHP-A, FACP
Director, Health Services Division

Texas Department of Criminal Justice
Phone: (936) 437-3542

March 26, 2020

Consultation Request to Dr. Keiser

RE: Dallas County Jail Intakes that Were Exposed to a Positive Case in Dallas County and are Now in TDCJ

Lannette Linthicum

'om: Keiser, Philip <phkeiser@UTMB.EDU>
ent: Thursday, March 26, 2020 9:03 AM
To: Lannette Linthicum
Subject: Re: [EXTERNAL]

CAUTION: This email was received from an EXTERNAL source, use caution when clicking links or opening attachments. If you believe this to be a malicious and/or phishing email, please contact the Information Security Office (ISO).

I think that is a solid plan. I will continue to push for access to drugs for TDCJ

Get Outlook for iOS

From: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>
Sent: Thursday, March 26, 2020 8:37:09 AM
To: Toni Sparrow <Toni.Sparrow@gilead.com>; Keiser, Philip <phkeiser@UTMB.EDU>
Cc: Murray, Owen J. <ojmurray@utmb.edu>; Ojo, Olugbenga B. <obojo@utmb.edu>
Subject: Re: [EXTERNAL]

WARNING: This email originated from outside of UTMB's email system. Do not click links or open attachments unless you recognize the sender and know the content is safe.

ɪhank you Dr. Keiser. I appreciate your advocacy on behalf of our offender patients. Yesterday we were informed of a positive case in the Dallas County jail . This morning we were informed that 4 additional offenders in the same housing unit as the source case have now tested positive. Yesterday, the TDCJ prison director stopped all new intakes from Dallas county. We are in process of doing contact investigations now. We have identified all Dallas County offenders who have entered TDCJ since March 1st. Fortunately,all but twelve are still at one of the 24 intake facilities. The offenders at the intake units (165 males and 10 females)have all been medically restricted for a period of 14 days from their entry into TDCJ. Nursing staff is doing twice daily temperature checks and symptom checks on these offenders. The offenders who have left the intake centers (approximately 12) have also been identified; medically screen and medically restricted if they have been in TDCJ for less than 14 days. Is there anything else you would recommend? Thank you again for your assistance.

Lannette Linthicum, M.D., CCHP-A, FACP
Director, Health Services Division
Texas Department of Criminal Justice
Phone: (936) 437-3542

From: Toni Sparrow <Toni.Sparrow@gilead.com>
Sent: Thursday, March 26, 2020 7:50:35 AM
To: Keiser, Philip <phkeiser@utmb.edu>
Cc: Murray, Owen J. <ojmurray@utmb.edu>; Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>; Ojo, Olugbenga B. <obojo@utmb.edu>
Subject: Re: [EXTERNAL]

* *

CAUTION: This email was received from an EXTERNAL source, use caution when clicking links or opening attachments.

April 17, 2020

Brazoria County Judge Letter

Lannette Linthicum

om: Murray, Owen J. <ojmurray@utmb.edu>
Sent: Friday, April 17, 2020 2:48 PM
To: Lannette Linthicum
Subject: Fwd: County Judge Matt Sebesta addresses State Inmate Transfer

Ojm

Begin forwarded message:

From: "Reyes, Raul" <rareyes@UTMB.EDU>
Date: April 17, 2020 at 2:25:41 PM CDT
To: "Raimer, Ben G." <bgraimer@UTMB.EDU>, "Lidstone, Sheila" <shlidsto@UTMB.EDU>, "Campbell, Stephen" <stepcamp@UTMB.EDU>, "Murray, Owen J." <ojmurray@utmb.edu>, "Havard, Mary G." <mghavard@UTMB.EDU>
Subject: FW: County Judge Matt Sebesta addresses State Inmate Transfer

FYI. The Facts in Brazoria County likely is doing a story.

Raul

From: Visor, Tonya F. <tfvisor@UTMB.EDU>
Sent: Friday, April 17, 2020 2:22 PM
To: Campbell, Stephen <stepcamp@UTMB.EDU>; Reyes, Raul <rareyes@UTMB.EDU>; Ramirez, Donna R. <d1ramire@UTMB.EDU>; Koopmann, Kurt E. <kekoopma@UTMB.EDU>
Subject: Fwd: County Judge Matt Sebesta addresses State Inmate Transfer

Sharing from the county report..

Sent from my iPhone

Begin forwarded message:

From: "SharonT@brazoria-county.com" <SharonT@brazoria-county.com>
Date: April 17, 2020 at 12:59:46 PM CDT
Subject: County Judge Matt Sebesta addresses State Inmate Transfer

Brazoria County

Date: April 17, 2020 1:00 PM

Subject: County Judge Matt Sebesta addresses State Inmate Transfer

Dear Citizens of Brazoria County:

I was recently shocked and disappointed to learn that without notice, to elected state officials or county officials, the Texas Department of Criminal Justice (TDCJ) recently transferred a large percentage of its COVID-19 positive cases to Brazoria County prison units. This is an appalling and unconscionable lack of transparency by the TDJC and a total disregard for public safety during this Public Health Emergency. We as citizens recognize our duty to assist others, and Brazoria County residents are more than happy to contribute their fair share to help. However, TDCJ's actions have placed a disproportionate impact on Brazoria County citizens and their resources. This impact is not the fault of any inmate or inmates. As a result, of the lack of transparency and disregard for public safety in Brazoria County by TDJC's leadership, I have sent a letter to the Honorable Greg Abbott requesting his assistance and additional resources to protect the citizens of Brazoria County.

Brazoria County has been assured by UTMB administration that this will have minimal impact on UTMB Angleton Danbury Hospital Campus. You may find my letter to Governor Abbott posted on Brazoria County's website. It is my goal and

the goal of Commissioners' Court to, at all times, protect the citizens of Brazoria County.

Sincerely,

L.M. "Matt" Sebesta, Jr.
Brazoria County Judge

###

Sharon Trower
Public Information Officer
Office of County Judge L.M. "Matt" Sebesta, Jr.

O: (979) 864-1596
C: (979) 308-7020
www.brazoriacountytx.gov
111 East Locust Angleton, TX 77515

April 8, 2020

Storing N95 Masks in Zip Lock Bags – Response from Manufacturer

Lori Brewer

From: Lannette Linthicum
Sent: Sunday, June 7, 2020 3:43 PM
To: Lori Brewer
Subject: Fwd: N95 Respirators

Please print for deposition folder
Lannette Linthicum, M.D., CCHP-A, FACP
Director, Health Services Division
Texas Department of Criminal Justice
Phone: (936) 437-3542

From: Chris Black-Edwards <Chris.Black-Edwards@tdcj.texas.gov>
Sent: Wednesday, April 8, 2020 9:32:32 AM
To: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>; Lorie Davis <lorie.davis@tdcj.texas.gov>
Subject: RE: N95 Respirators

You're welcome

Chris Ann Black–Edwards, BSN, RN, CCN/M, CHSA
Deputy Director, Health Services Division
Texas Department of Criminal Justice
chris.black-edwards@tdcj.texas.gov
Phone: 936-437-3528
Fax: 936-437-3572

From: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>
Sent: Wednesday, April 08, 2020 8:17 AM
To: Chris Black-Edwards <Chris.Black-Edwards@tdcj.texas.gov>; Lorie Davis <lorie.davis@tdcj.texas.gov>
Subject: Re: N95 Respirators

Thanks Chris for researching this

Lannette Linthicum, M.D., CCHP-A, FACP
Director, Health Services Division
Texas Department of Criminal Justice
Phone: (936) 437-3542

From: Chris Black-Edwards <Chris.Black-Edwards@tdcj.texas.gov>
Sent: Wednesday, April 8, 2020 7:40:24 AM
To: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>; Lorie Davis <lorie.davis@tdcj.texas.gov>
Subject: Fwd: N95 Respirators

Here is the response from 3M regarding storing N95 masks in a ziplock bag

Get Outlook for iOS

From: Abbott, Kirk D. <kdabbott@UTMB.EDU>
Sent: Wednesday, April 8, 2020 7:09:24 AM
To: Chris Black-Edwards <Chris.Black-Edwards@tdcj.texas.gov>
Subject: N95 Respirators

Chris,

I know you and I discussed the storing of the N95s in plastic bags versus paper. One of my staff called/emailed 3M to verify if this was permissible per the manufacturer. Below is 3Ms response:

One of the marketers for our mask portfolio advised that storing the masks this way is not a problem as long as there is no damage done to the mask when inserting / removing the mask from the plastic bag.

Thank you very much for contacting 3M and please be sure to let me know if there is anything that I can assist you with in the future.

All the best,

3M Science. Applied to Life.™

Emily Maultra | Inside Sales
U.S Medical Markets Center

Thanks,
Kirk

Kirk Abbott, MBA, BSN, RN, CCN/M, CCHP
Regional Chief Nursing Officer
Southern GSA
University of Texas Medical Branch
C: 409-718-6349
kdabbott@utmb.edu

utmb Health

April 9, 2020

Establishment of COVID-19 Family Hotlines – TDCJ, UTMB and Texas Tech

Lori Brewer

From: Lannette Linthicum
Sent: Sunday, June 7, 2020 3:35 PM
To: Lori Brewer
Subject: Fwd: COVID-19 Positive patients at HG

Print and place with deposition info
Lannette Linthicum, M.D., CCHP-A, FACP
Director, Health Services Division
Texas Department of Criminal Justice
Phone: (936) 437-3542

From: Robison, (Denee) Jerri D. <jdrobiso@UTMB.EDU>
Sent: Thursday, April 9, 2020 11:06:29 AM
To: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>
Subject: RE: COVID-19 Positive patients at HG

Thank you Dr. L!

From: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>
Sent: Thursday, April 09, 2020 10:30 AM
To: Kovacevich, Marjorie M. <mmkovace@UTMB.EDU>; Ojo, Olugbenga B. <obojo@utmb.edu>; KwartengAmaning, Veronica <vekwarte@UTMB.EDU>
Cc: Murray, Owen J. <ojmurray@utmb.edu>; Robison, (Denee) Jerri D. <jdrobiso@UTMB.EDU>; Myra Walker <myra.walker@tdcj.texas.gov>; Chris Black-Edwards <Chris.Black-Edwards@tdcj.texas.gov>; Kim Massey <Kim.Massey@tdcj.texas.gov>; Ronald Givens <Ronald.Givens@tdcj.texas.gov>; Billy Hirsch <Billy.Hirsch@tdcj.texas.gov>; Lorie Davis <lorie.davis@tdcj.texas.gov>
Subject: COVID-19 Positive patients at HG
Importance: High

Beginning tomorrow , April 10, 2020 TDCJ and CMC will establish three COVID-19 hotlines for offender family members and third party inquirers. The universities will operate the offender family hotlines. TDCJ patient liaison will operate the third party hotline. Third parties consists of inquiries from Legislative offices, Governor's office, Advocacy groups, Lawyers, professional licensing Boards, Local and State Public Health Authorities, etc. The TDCJ hotline will operate Monday-Friday 8:00AM- 5:00PM. The universities hotline will operate from 2:00PM-5:00PM Monday-Friday. The universities hotline is only for use by offender families. Denee Robison and Stephanie Cervantes will staff the UTMB hotline.

Hospital Galveston will need to provide Denee, Stephanie, Myra Walker and Chris Black-Edwards with a daily list of COVID-19 positive patients along with a brief clinical update on each patient by 1:00PM. The updates can be brief but should include the offender's condition (e.g. stable; breathing on his or her own without the need for supplemental

oxygen, in good spirits, etc.) Family members calling HG should be directed to the UTMB COVID-19 hotline. That number is 409-747-2727. The TDCJ Patient Liaison hotline is number is 936-427-3534.

Warden Massey please feel free to refer family members calls to your office to the UTMB hotline and other third party inquiries to the TDCJ patient liaison hotline if they are related to COVID-19 inquiries/concerns.

Thank you.

Lannette Linthicum, M.D., CCHP-A, FACP
Director, Health Services Division
Texas Department of Criminal Justice
Phone: (936) 437-3542

April 7-9, 2020

Various Meetings with Elected Officials

Lori Brewer

From: Lannette Linthicum
Sent: Sunday, June 7, 2020 3:51 PM
To: Lori Brewer
Subject: Fwd: STATE SENATOR DAWN BUCKINGHAM

Please print and place I. Deposition file
Lannette Linthicum, M.D., CCHP-A, FACP
Director, Health Services Division
Texas Department of Criminal Justice
Phone: (936) 437-3542

From: Jason Clark <Jason.Clark@tdcj.texas.gov>
Sent: Saturday, April 4, 2020 5:37:01 PM
To: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>
Cc: Oscar Mendoza <Oscar.Mendoza@tdcj.texas.gov>; Chris Black-Edwards <Chris.Black-Edwards@tdcj.texas.gov>; Bobby Lumpkin <Bobby.Lumpkin@tdcj.texas.gov>
Subject: Re: STATE SENATOR DAWN BUCKINGHAM

Dr. L,

We will give the senator a call and explain our processes.

Thanks,

Jason Clark
Chief of Staff
Texas Department of Criminal Justice
Office: 936-437-6726
Fax: 936-437-6299

From: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>
Sent: Saturday, April 4, 2020 5:20 PM
To: Jason Clark
Cc: Oscar Mendoza; Chris Black-Edwards; Bobby Lumpkin
Subject: Fwd: STATE SENATOR DAWN BUCKINGHAM

Please advise. I do not know where this false information is coming from. Coryelle Memorial Hospital refused an emergency patient today that needed a blood transfusion because of this misinformation. The patient had to be sent to a hospital 45 minutes away. She immediately received the blood transfusion at that hospital. This is an EMTLA violation .
Lannette Linthicum, M.D., CCHP-A, FACP
Director, Health Services Division
Texas Department of Criminal Justice
Phone: (936) 437-3542

From: Murray, Owen J. <ojmurray@utmb.edu>
Sent: Saturday, April 4, 2020 5:09:44 PM
To: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>
Subject: Fwd: STATE SENATOR DAWN BUCKINGHAM

She called Dr. Blackwell because she was a UTMB resident

Ojm

Begin forwarded message:

From: "Ojo, Olugbenga B." <obojo@utmb.edu>
Date: April 4, 2020 at 5:06:33 PM CDT
To: "Murray, Owen J." <ojmurray@utmb.edu>
Cc: "Ojo, Olugbenga B." <obojo@utmb.edu>
Subject: STATE SENATOR DAWN BUCKINGHAM

Dear Dr. Murray,

I just received a call from Dr. Thomas Blackwell, UTMB'S Associate Dean of Graduate Medical Education.

He received a call this afternoon from Texas State Senator, Dr. Dawn Buckingham, per
Dr. Buckingham, the Mayor of Galveston called her to complain about the high prevalence of positive COVID-19 results in the Gatesville unit.

Senator Buckingham would like a call back from someone this PM.

She can be reached at: 512-496-4771.

I told Tom Blackwell someone would call the senator today!
Sent from my iPad

Lori Brewer

From: Lannette Linthicum
Sent: Sunday, June 7, 2020 3:34 PM
To: Lori Brewer
Subject: Fwd: Bowie County Call

Please print and place with deposition material
Lannette Linthicum, M.D., CCHP-A, FACP
Director, Health Services Division
Texas Department of Criminal Justice
Phone: (936) 437-3542

From: Jason Clark <Jason.Clark@tdcj.texas.gov>
Sent: Thursday, April 9, 2020 11:32:08 AM
To: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>
Cc: Chris Black-Edwards <Chris.Black-Edwards@tdcj.texas.gov>
Subject: Bowie County Call

Dr. L,

Bowie County Judge has reached out and would like to schedule a call this afternoon, if possible. The call would include their emergency management director and medical director. They would like to discuss hospital care for sick offenders. Please let me know if this is possible today and if so, who you believe is best to be on the call.

Best regards,

Jason Clark
Chief of Staff
Texas Department of Criminal Justice
Office: 936-437-6726
Fax: 936-437-6299

April 1, 2020

Hand Sanitizer Guidance

Lannette Linthicum

From: Zepeda, Stephanie D. <sdzepeda@UTMB.EDU>
Sent: Wednesday, April 01, 2020 3:34 PM
To: Lannette Linthicum
Subject: RE: Alcohol Poisoning
Attachments: Purell Professional Hand Sanitizer SDS.pdf; Purell Hand Sanitizer SDS.pdf

Hi Dr. L,

Dr. Smith brought up a good point. Alcohol-based hand sanitizers are also flammable. See MSDS sheets for Purell as an example. Thanks.

Stephanie Zepeda, PharmD
Associate Vice President
Pharmacy Services CMC

The University of Texas Medical Branch
200 River Pointe, Suite 200
Conroe, TX 77304
P: (936) 494-4176
M: (713) 504-4201
F: (936) 760-0396
E: sdzepeda@utmb.edu

From: Zepeda, Stephanie D.
Sent: Wednesday, April 1, 2020 2:23 PM
To: Lannette Linthicum (lannette.linthicum@tdcj.texas.gov) <lannette.linthicum@tdcj.texas.gov>
Subject: Alcohol Poisoning

Hi Dr. Linthicum,

I wanted to provide a brief summary. Thanks.

Hand sanitizers (e.g., Germ X) typically contain ethyl alcohol. Alcohol poisoning is a serious and sometimes deadly consequence of drinking large amounts of alcohol in a short period of time. Alcohol poisoning can also occur when persons accidentally or intentionally drink household products that contain alcohol such as hand sanitizers. A person with alcohol poisoning needs immediate medical attention.

Alcohol poisoning signs and symptoms include:

- Confusion
- Vomiting
- Seizures
- Slow breathing (less than eight breaths a minute)
- Irregular breathing (a gap of more than 10 seconds between breaths)

- Blue-tinged skin or pale skin
- Low body temperature (hypothermia)
- Passing out (unconsciousness) and can't be awakened

See the National Institute of Alcohol Abuse and Alcoholism for more details. https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/understanding-dangers-of-alcohol-overdose

Stephanie Zepeda, PharmD
Associate Vice President
Pharmacy Services CMC

The University of Texas Medical Branch
200 River Pointe, Suite 200
Conroe, TX 77304
P: (936) 494-4176
M: (713) 504-4201
F: (936) 760-0396
E: sdzepeda@utmb.edu

April 2020

COVID-19 Surveillance Testing by UTMB

Lannette Linthicum

From: Robison, Justin R. <jrrobiso@UTMB.EDU>
Sent: Monday, April 27, 2020 1:45 PM
To: Lannette Linthicum; Chris Black-Edwards
Cc: Murray, Owen J.; Coates, Kelly; Abbott, Kirk D.; Williams, Anthony K.
Subject: RE: COVID-19 testing
Attachments: COVID-19 Risk based testing - SOP

Dr. L.,

Attached is the document with offender surveillance testing dates.

Thanks,
Justin

From: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>
Sent: Monday, April 27, 2020 1:25 PM
To: Robison, Justin R. <jrrobiso@UTMB.EDU>; Chris Black-Edwards <Chris.Black-Edwards@tdcj.texas.gov>
Cc: Murray, Owen J. <ojmurray@utmb.edu>; Coates, Kelly <kecoates@UTMB.EDU>; Abbott, Kirk D. <kdabbott@UTMB.EDU>; Williams, Anthony K. <akwillia@utmb.edu>
Subject: RE: COVID-19 testing

Justin,
I do not have the dates for when this focus based testing is occurring at the units. However, as it is being done; it needs to be reported to me and Chris separately from the routine testing. I will need to know the number targeted for testing; the number that agreed to testing and then a list of offenders that tested positive. The list should include the offender names and TDCJ numbers and it should give totals. If you have a schedule for the dates of this focus testing by unit that would be helpful.

Lannette Linthicum, M.D., CCHP-A, FACP
Director, Health Services Division
Texas Department of Criminal Justice
Phone: (936) 437-3542

From: Robison, Justin R. <jrrobiso@UTMB.EDU>
Sent: Tuesday, April 21, 2020 3:41 PM
To: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>; Chris Black-Edwards <Chris.Black-Edwards@tdcj.texas.gov>
Cc: Murray, Owen J. <ojmurray@utmb.edu>
Subject: COVID-19 testing

Dr. L,

Per your request, attached is the draft process for risk based COVID-19 testing.
We are having a meeting at 4pm today to begin determining the actual dates of testing. I will provide you with a final copy once the dates have been filled in on the attached spreadsheet.

Thank you,

Justin Robison, MSN, RN, CCN/M
Regional Chief Nursing Officer
Northern GSA
University of Texas Medical Branch
C: (806) 535-1150
jrrobiso@utmb.edu

COVID-19 Risk Based Testing – SOP

- COVID-19 testing may be performed on offenders assigned to the following facilities and risk groups:

- **Facilities:**
  - Beto - 165
  - Estelle - 615
    - Estelle Dialysis - 220
  - Murray - 100
  - Stringfellow – 141
  - Telford - 175
  - Woodman - 28
  - Wynne - 309
  - Young - 136
    - Young Dialysis – 30
- **Risk groups:**
  - Age 65 or older
  - Age 50 to 64 with:
    - COPD
    - CKD
    - Diabetes
  - Organ Transplant
  - HIV/AIDS
  - Dialysis

Nursing staff will utilize the Standing Delegation Orders – COVID-19 Testing, D-27.5 Att B-2 to order the COVID-19 tests. All tests will be ordered under Dr. Owen Murray.

Specimen collection will be conducted cell side.
All risk-based testing will be sent to the HG Lab for processing.

The HG lab must be able to identify risk-based tests from symptomatic person under investigation (PUI) tests.

- Risk-based testing – use a GREEN marker and place a dot on the patient label affixed to the viral culture tube.
- Symptomatic PUI testing – use a RED marker and place a dot on the patient label affixed to the viral culture tube.

HG Lab Processing Dates. Specimen collection may occur prior due to transport time.

DATE	Facility	Tests	Facility.	Tests.	TOTAL
4/24/2020	Young	166	Murray	100	266
4/27/2020	Estelle	250			250
4/28/2020	Estelle	250			250
4/29/2020	Telford	175			175
4/30/2020	Wynne	200	Woodman	28	228
5/1/2020	Wynne	109	Stringfellow	141	250
5/5/2020	Estelle	85	Beto	165	250
5/6/2020	Estelle	250			250
				Total	1919

Lannette Linthicum

From: Robison, Justin R. <jrrobiso@UTMB.EDU>
Sent: Friday, May 08, 2020 3:15 PM
To: Lannette Linthicum; Chris Black-Edwards
Subject: FW: C-19 Surveillance Testing - 5-8-20.xlsx
Attachments: C-19 Surveillance Testing - 5-8-20.xlsx

Just an FYI on surveillance testing by date for patients, TDCJ Employees and UTMB employees.

Thanks
Justin

From: Robison, Justin R.
Sent: Friday, May 8, 2020 2:57 PM
To: Murray, Suzanne <sumurray@UTMB.EDU>
Cc: Williams, Anthony K. <akwillia@utmb.edu>; Coates, Kelly <kecoates@UTMB.EDU>; Abbott, Kirk D. <kdabbott@UTMB.EDU>; Robison, (Denee) Jerri D. <jdrobiso@UTMB.EDU>
Subject: C-19 Surveillance Testing - 5-8-20.xlsx

Suzanne,

Attached is the surveillance testing totals to date (5/8/20).
Highlighted boxes represent upcoming testing.

Let me know if you have any questions or concerns.

Thanks
Justin

COVID-19 Surveillance Testing

Swab Date	Date to Lab	Facility	Patients Identified	Patients Tested	Patient Re-Test for Surveillance	TDCJ Employees Tested
4/23	4/23	Murray	100	73		
4/23	4/23	Young	166	129		
4/23	4/24	Estelle Geri	29	28		
4/23	4/24	Terrell	5	4		
4/24	4/24	Beto				218
4/25	4/25	Beto				75
4/26	4/27	Estelle	221	250		
4/27	4/28	Estelle	250	188		
4/28	4/29	Telford	175	116		
4/29	4/29	Beto				
4/29	4/30	Woodman	28	25		
4/29	4/30	Wynne	200	200		
4/30	4/30	Beto				108
4/30	4/30	Murray				81
4/30	4/30	Woodman				130
4/30	5/1	Stringfellow	141	122		
4/30	5/1	Wynne	109	82		
5/1	5/1	Beto				45
5/1	5/1	Murray				10
5/1	5/1	Woodman				53
5/4	5/5	Beto	165	121		
5/4	5/5	Estelle	85	85		
5/5	5/5	Woodman				
5/5	5/5	Murray				
5/5	5/6	Estelle	250	147		
5/6	5/6	Woodman				
5/6	5/6	Murray				
5/8	5/8	Coffield				14
5/13		Beto				
5/13		Telford				
5/20		Beto				
		Woodman				
			1,924	1,570		734

TDCJ Employee RE-Test for Positives	UTMB Employees Tested	Total Tested
		73
		129
		28
		4
		218
		75
		250
		188
		116
	36	36
		25
		200
		108
		81
		130
		122
		82
	37	82
		10
		53
		121
		85
	18	18
	32	32
		147
	5	5
	8	8
	8	22
		0
		0
		0
		0
	144	2,448

Lannette Linthicum

From: Hellerstedt,John W (DSHS) <John.Hellerstedt@dshs.texas.gov>
Sent: Thursday, April 16, 2020 5:43 PM
To: Lannette Linthicum
Cc: Murray, Owen J.; Dr. Ojo; Keiser, Philip; Bryan Collier; Shuford,Jennifer (DSHS); Sims,Jennifer (DSHS); Cole,Kirk (DSHS)
Subject: RE: COVID-19 testing at TDCJ facilities

Hi Dr. Linthicum,
Per our phone conversation earlier today and the email below, please proceed with the testing regimen that you need to address the COVID-19 outbreak you have identified.
John

John Hellerstedt, MD
Commissioner
Texas Department of State Health Services
512.776.7363

From: Lannette Linthicum [mailto:lannette.linthicum@tdcj.texas.gov]
Sent: Thursday, April 16, 2020 4:52 PM
To: Hellerstedt,John W (DSHS) <John.Hellerstedt@dshs.texas.gov>
Cc: Murray, Owen J. <ojmurray@utmb.edu>; Dr. Ojo <obojo@utmb.edu>; Keiser, Philip <phkeiser@UTMB.EDU>; Bryan Collier <bryan.collier@tdcj.texas.gov>
Subject: COVID-19 testing at TDCJ facilities
Importance: High

Good Afternoon Dr. Hellerstedt,

Thank you for calling me back so promptly. As per our discussion, TDCJ and its university partners; specifically ,the University of Texas Medical Branch(UTMB) would like to do some mass testing for COVID-19 at **select** TDCJ units. These would include units where the number of COVID-19 positive offender and staff cases continue to increase despite aggressive mitigation measures.
TDCJ would rely on the expertise of UTMB, specifically, Dr. Phillip Keiser to guide us in implementation of this testing plan. Dr. Keiser is the Galveston County public Health Authority, a member of the Correctional Manage Health Care Committee and a professor of infectious diseases at UTMB. Any employee testing will be shared with local/county public health authorities.

Your favorable consideration and approval of this request is appreciated.

Thank you.

Lannette Linthicum, M.D., CCHP-A, FACP
Director, Health Services Division
Texas Department of Criminal Justice
Phone: (936) 437-3542

March 31, 2020

Sheltered Housing Unit (SHU) and
Assisted Living Bed Counts

Stiles SHU – 122 on the bottom floor

160 on the second floor

Total: 282

1st offenders placed there on April 20, 2020 current count 90

Pack SHU – 122 on the bottom

160 on the second floor

Total: 282

Current Census Total: 220

Lori Brewer

From: Lannette Linthicum
Sent: Sunday, June 7, 2020 4:08 PM
To: Lori Brewer
Subject: Fwd: SHU and AL Beds

Please print for depi
Lannette Linthicum, M.D., CCHP-A, FACP
Director, Health Services Division
Texas Department of Criminal Justice
Phone: (936) 437-3542

From: Kovacevich, Marjorie M. <mmkovace@UTMB.EDU>
Sent: Tuesday, March 31, 2020 2:39:17 PM
To: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>
Cc: Murray, Owen J. <ojmurray@utmb.edu>
Subject: RE: SHU and AL Beds

Yes, Dr. L.

I will update now send to you. I'm going to add Pack on there with note about operational 4/10.

From: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>
Sent: Tuesday, March 31, 2020 2:23 PM
To: Kovacevich, Marjorie M. <mmkovace@UTMB.EDU>
Cc: Murray, Owen J. <ojmurray@utmb.edu>
Subject: FW: SHU and AL Beds

Margie,
Would you please update this slide for me as of today. Mr. Collier has to talk to the Lt. governor about our bed situation.
Thanks

Lannette Linthicum, M.D., CCHP-A, FACP
Director, Health Services Division
Texas Department of Criminal Justice
Phone: (936) 437-3542

From: Kovacevich, Marjorie M. <mmkovace@UTMB.EDU>
Sent: Tuesday, November 21, 2017 4:37 PM
To: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>
Cc: Williams, Anthony K. <akwillia@utmb.edu>; Ojo, Olugbenga B. <obojo@utmb.edu>; Murray, Owen J.

<ojmurray@utmb.edu>; Smith, Monte K. <mksmith@UTMB.EDU>
Subject: RE: SHU and AL Beds

was also asked about CC beds. See below.

CONVALESCENT CARE BEDS			
UNIT	**AVAILABLE**	**FILLED**	**VACANT**
Beto	56	38	18
Carole Young	149	142	7
Estelle	116	113	3
Total	**321**	**293**	**28**

From: Kovacevich, Marjorie M.
Sent: Tuesday, November 21, 2017 3:00 PM
To: 'Lannette Linthicum' <lannette.linthicum@tdcj.texas.gov>
Cc: Williams, Anthony K. <akwillia@utmb.edu>; Ojo, Olugbenga B. <obojo@utmb.edu>; Murray, Owen J. <ojmurray@utmb.edu>; Smith, Monte K. <mksmith@UTMB.EDU>
Subject: SHU and AL Beds
Importance: High

Dr. L.

lease see below for table regarding SHU beds at Carole Young, Jester and Telford.

Facility	Beds Available	Beds Filled	Percentage Filled
Carole Young	14	14	**100.0%**
Jester III	54	54	**100.0%**
Telford	99	53	**53.5%**
Total	**167**	**121**	**72.5%**

Also, below is the table of our AL beds. Currently, 37 AL beds are vacant.

ASSISTED LIVING BEDS			
UNIT	**AVAILABLE**	**FILLED**	**VACANT**
CY	16	14	2
TL	14	12	2
POLUNSKY	17	14	3
P2	12	4	8
MI	23	15	8

P1	12	8	4
J3	14	13	1
B2	14	14	0
AH	16	15	1
TO	16	12	4
ML	15	11	4
Total	**169**	**132**	**37**

Please let me know if you need anything further.

Thanks.

Marjorie M. Kovacevich
Director
Hospital Galveston

301 University Boulevard, Galveston, TX 77555-0449
P 409.772.3460
F 409.772.7623 E mmkovace@utmb.edu

March 28, 2020

Meeting with RID and CID to Review Releasing Procedures for COVID-19 Offenders

Lori Brewer

From: Lannette Linthicum
Sent: Sunday, June 7, 2020 4:14 PM
To: Lori Brewer
Subject: Fwd: Covid-19 Screening for releasing offenders from TDCJ

Please print and place in depo folder
Lannette Linthicum, M.D., CCHP-A, FACP
Director, Health Services Division
Texas Department of Criminal Justice
Phone: (936) 437-3542

From: April Zamora <April.Zamora@tdcj.texas.gov>
Sent: Saturday, March 28, 2020 3:25:22 PM
To: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>
Subject: RE: Covid-19 Screening for releasing offenders from TDCJ

Dr. L,
Thank you. I really appreciate you doing this. Your efforts to keep us informed and moving forward are greatly appreciated.

April Zamora M.Ed, L.C.D.C.
Division Director
DCJ Reentry and Integration Division/TCOOMMI
4616 W Howard Lane, Ste. 200
Austin, TX 78728
Office: 512-671-2580

From: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>
Sent: Saturday, March 28, 2020 1:23 PM
To: Pamela Thielke <pamela.thielke@tdcj.texas.gov>; April Zamora <April.Zamora@tdcj.texas.gov>; Lorie Davis <lorie.davis@tdcj.texas.gov>; Allison Dunbar <Allison.Dunbar@tdcj.texas.gov>; Chris Black-Edwards <Chris.Black-Edwards@tdcj.texas.gov>
Cc: Melissa Kimbrough <Melissa.Kimbrough@tdcj.texas.gov>; Jason Clark <Jason.Clark@tdcj.texas.gov>; Oscar Mendoza <Oscar.Mendoza@tdcj.texas.gov>
Subject: Covid-19 Screening for releasing offenders from TDCJ

Mr. Collier and I spoke this morning. The new CDC guideline for management of Covid-19 in correctional facilities recommends screening procedures for offenders discharging or leaving from correctional facilities. For us this will include paroled offenders, flat discharges, bench warrants, interstate compacts, extraditions, etc. Field Services in CID may need to participate as they may have to get involve in some offender transports . My office will arrange a

conference call on Monday. Please email me your representative so that we can send out a meeting invitation from my office. Thank You.

Annette Linthicum, M.D., CCHP-A, FACP
Director, Health Services Division
Texas Department of Criminal Justice
Phone: (936) 437-3542

March 26, 2020

Worked on Letter to Texas State Jail Commission with TDCJ Chief of Staff Requesting Screening of Offenders for COVID-19 Prior to Transport to TDCJ

Lannette Linthicum

From: Jason Clark
Sent: Thursday, March 26, 2020 3:26 PM
To: Lannette Linthicum
Subject: Fwd: Draft Letter

Dr. L,

I wanted you to know we are trying to get additional screenings done at the county level. BC told me about the two from Chambers County yesterday who came in with high temps. If Jail Commission agrees, we would like to send the letter below to local jails requesting they take temps. Should they get one with a fever, they would not transport and jail staff would need to reach out to HS for additional guidance.

From: Jason Clark
Sent: Thursday, March 26, 2020 2:09:42 PM
To: Brandon Wood <brandon.wood@tcjs.state.tx.us>
Subject: Draft Letter

Brandon,

Below is draft language for the possible letter to jail administrators. Let me know what you think.

As the entire state of Texas continues to take precautions to prevent the spread of COVID-19, correctional agencies must remain vigilant and take all necessary steps to limit the exposure of this virus to staff and inmates. The Texas Department of Criminal Justice (TDCJ) has enhanced its protocols for newly received inmates, to include screening them for symptoms of COVID-19 and checking for elevated temperatures.

The TDCJ is requesting your cooperation with screening precautions at the local level. The agency is asking that jail staff take the temperature of inmates before they are placed on transport vehicles for intake into a TDCJ facility. Should the individual have a body temperature of 100.4 F or higher, the inmate should not be transported to the TDCJ. Jail staff should contact the agency's Health Services Division to provide additional information so that alternative arrangements can be developed for intake that minimizes the risk of exposure to employees and the inmate population.

The TDCJ recognizes that the country and state is dealing with an unprecedented situation. Let me say thank you for all of your efforts both seen and unseen as we collectively navigate issues during these challenging times.

Jason Clark
Chief of Staff
Texas Department of Criminal Justice
Office: 936-437-6726
Fax: 936-437-6299

March 25, 2020

Advocacy Efforts to Include TDCJ Offenders in COVID-19 Clinical Trials at UTMB Galveston

Lannette Linthicum

From: Keiser, Philip <phkeiser@UTMB.EDU>
Sent: Thursday, March 26, 2020 9:06 AM
To: Murray, Owen J.; McLellan, Susan
Cc: Lannette Linthicum; Ojo, Olugbenga B.; Raimer, Ben G.
Subject: Re: Treatment of COVID-19

Susan

Please address Dr Linthicums question as to why hospital Galveston is not considered part of the main campus.

Phil

Get Outlook for iOS

From: Murray, Owen J. <ojmurray@utmb.edu>
Sent: Thursday, March 26, 2020 7:48:18 AM
To: McLellan, Susan <sumclell@UTMB.EDU>
Cc: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>; Keiser, Philip <phkeiser@UTMB.EDU>; Ojo, Olugbenga B. <obojo@utmb.edu>; Raimer, Ben G. <bgraimer@UTMB.EDU>
Subject: Re: Treatment of COVID-19

Thanks Susan

Ojm

On Mar 26, 2020, at 7:46 AM, McLellan, Susan <sumclell@UTMB.EDU> wrote:

> We are also not allowed to enroll on other campuses that UTMB. Because this had to be operationalized through the Vaccine center our options are very limited.
>
> Susan McLellan MD MPH
> Infectious Diseases
> UTMB
> Sent from my iPhone, so please forgive any lax spelling, grammar, or etiquette
>
> On Mar 26, 2020, at 7:42 AM, Lannette Linthicum <lannette.linthicum@tdcj.texas.gov> wrote:

Thank you for your response.I am disappointed in the response. I would not think that TDCJ offenders are a new site. They are part of UTMB's patient base and have been so since 1983.

Lannette Linthicum, M.D., CCHP-A, FACP
Director, Health Services Division
Texas Department of Criminal Justice
Phone: (936) 437-3542

From: McLellan, Susan <sumclell@UTMB.EDU>
Sent: Thursday, March 26, 2020 7:35:15 AM
To: Keiser, Philip <phkeiser@UTMB.EDU>
Cc: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>; Murray, Owen J. <ojmurray@utmb.edu>; Ojo, Olugbenga B. <obojo@utmb.edu>
Subject: Re: Treatment of COVID-19

I have been told in no uncertain terms NO by our Vaccine center team, and from the NIH standpoint they are not adding any new sites or subsites.
I have queried Gilead twice without response.
Dr Ojo and I have already been in contact about this.

Susan McLellan MD MPH
Infectious Diseases
UTMB
Sent from my iPhone, so please forgive any lax spelling, grammar, or etiquette

On Mar 26, 2020, at 6:35 AM, Keiser, Philip <phkeiser@utmb.edu> wrote:

Susan

Please look into what would have to happen to include offenders in the study.

Thanks

Phil

From: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>
Sent: Wednesday, March 25, 2020 3:29 PM
To: Murray, Owen J. <ojmurray@utmb.edu>; Keiser, Philip <phkeiser@UTMB.EDU>
Cc: Ojo, Olugbenga B. <obojo@utmb.edu>
Subject: Fwd: Treatment of COVID-19

Lannette Linthicum

om: Toni Sparrow <Toni.Sparrow@gilead.com>
ent: Thursday, March 26, 2020 7:51 AM
To: Keiser, Philip
Cc: Murray, Owen J.; Lannette Linthicum; Ojo, Olugbenga B.
Subject: Re: [EXTERNAL]

Hi,
I will forward and let you know as soon as I hear back.

Best,
Toni

Sent from my iPhone

On Mar 26, 2020, at 6:39 AM, Keiser, Philip <phkeiser@utmb.edu> wrote:

Hi Toni

There are now cases in the Texas prison system. Will there be provisions to allow prisoners in the new study that being developed.? We can expect there will be many cases in incarcerated patients and the we are prepared to meet all requirements to ethically enroll offenders.

Please pass this on to your leadership.

Thanks

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Lannette Linthicum

From: Murray, Owen J. <ojmurray@utmb.edu>
Sent: Thursday, March 26, 2020 7:48 AM
To: McLellan, Susan
Cc: Lannette Linthicum; Keiser, Philip; Ojo, Olugbenga B.; Raimer, Ben G.
Subject: Re: Treatment of COVID-19

Thanks Susan

Ojm

On Mar 26, 2020, at 7:46 AM, McLellan, Susan <sumclell@UTMB.EDU> wrote:

> We are also not allowed to enroll on other campuses that UTMB. Because this had to be operationalized through the Vaccine center our options are very limited.
>
> Susan McLellan MD MPH
> Infectious Diseases
> UTMB
> Sent from my iPhone, so please forgive any lax spelling, grammar, or etiquette

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> Director, Health Services Division
> Texas Department of Criminal Justice
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Sent: Wednesday, March 25, 2020 3:29 PM
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Cc: Ojo, Olugbenga B. <obojo@utmb.edu>
Subject: Fwd: Treatment of COVID-19

I notice on the UTMB COVID Treatment protocol; offenders are excluded from the clinical trial. Can you explain why? Does it have to do with the federal code involving prisoners as human subjects? Can we get the IRB to approve TDCJ offenders. Please advise.
Lannette Linthicum, M.D., CCHP-A, FACP
Director, Health Services Division
Texas Department of Criminal Justice
Phone: (936) 437-3542

Lori Brewer

From: Zepeda, Stephanie D. <sdzepeda@UTMB.EDU>
Sent: Tuesday, March 24, 2020 12:59 PM
To: Lannette Linthicum
Cc: Murray, Owen J.; Denise DeShields; Ranee Lenz; Roberts, Melanie B.; Smith, Monte K.
Subject: RE: Treatment of COVID-19
Attachments: ASHP-COVID-19-Evidence-Table.pdf; UTMB COVID Treatment Protocol_FINAL 032020.pdf

Categories: Printed

Hello,

I wanted to provide an update. ASHP has put out a summary of evidence related to COVID-19 treatment. UTMB has also published a treatment guideline.

Thank you.

Stephanie Zepeda, PharmD
Associate Vice President
Pharmacy Services CMC

The University of Texas Medical Branch
200 River Pointe, Suite 200, Conroe, TX 77304
P 936.494.4176
M 713.504.4201
F 936.760.0396
E sdzepeda@utmb.edu

From: Zepeda, Stephanie D.
Sent: Friday, March 13, 2020 12:38 PM
To: Lannette Linthicum (lannette.linthicum@tdcj.texas.gov) <lannette.linthicum@tdcj.texas.gov>
Cc: Murray, Owen J. <ojmurray@utmb.edu>; Denise DeShields <denise.deshields@ttuhsc.edu>; Ranee Lenz <ranee.lenz@ttuhsc.edu>; Roberts, Melanie B. <mbrobert@UTMB.EDU>; Smith, Monte K. <mksmith@UTMB.EDU>
Subject: Treatment of COVID-19

Hello,

I wanted to follow up on your question and provide information related to the treatment of COVID-19.

Clinical management is focused on supportive care of complications, including advanced organ support for respiratory failure, septic shock, and multi-organ failure. Corticosteroids are not recommended unless they are indicated for another reason (e.g., COPD exacerbation).

There are currently no antiviral drugs licensed by the FDA to treat COVID-19.

- Remdesivir, an investigational antiviral drug, was reported to have in-vitro activity against COVID-19. A small number of patients with COVID-19 have received intravenous remdesivir for compassionate use outside of a clinical trial setting. A placebo controlled trial is underway in China.
- A open label trial of lopinavir-ritonavir (used historically to treat HIV) is being conducted in China, but no results are available to date.
- Information on other drugs under investigation can be found at clinicaltrials.gov. Additional investigations are being conducted for hydroxychloroquine, darunavir/cobicistat plus chloroquine, and sildenafil. There isn't a trial for oseltamivir (Tamiflu) at this time.

There is no approved vaccine. In addition, there is currently no FDA-approved post-exposure prophylaxis for people who may have been exposed to COVID-19. Community mitigation measures are the primary way to reduce transmission (e.g., stay home if sick, social distancing) and adherence to recommended infection prevention and control measures can reduce the risk of spread in healthcare facilities.

There was a report in the news (https://www.bangkokpost.com/thailand/general/1849024/thai-doctors-say-two-drug-groups-help-cure-patient) from Thailand that three patients were given a combination of lopinavir-ritonavir (Kaletra) and Tamiflu with success.

Let me know if you have any questions. Thank you.

References:

- CDC FAQs for healthcare professionals can be found at https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html.
- CDC guidance for management of COVID-19 https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html
- WHO guidelines for severe respiratory infection due to COVID-19 https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-(ncov)-infection-is-suspected

- Tan et al. Inhibition of SARS Coronavirus Infection In Vitro with Clinically Approved Antiviral Drugs. Emerging Infectious Diseases • www.cdc.gov/eid • Vol. 10, No. 4, April 2004

Stephanie Zepeda, Pharm.D.
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ashp pharmacists advancing healthcare

Assessment of Evidence for COVID-19-Related Treatments

The information contained in this evidence table is emerging and rapidly evolving because of ongoing research and is subject to the professional judgment and interpretation of the practitioner due to the uniqueness of each medical facility's approach to the care of patients with COVID-19 and the needs of individual patients. ASHP provides this evidence table to help practitioners better understand current approaches related to treatment and care. ASHP has made reasonable efforts to ensure the accuracy and appropriateness of the information presented. However, any reader of this information is advised ASHP is not responsible for the continued currency of the information, for any errors or omissions, and/or for any consequences arising from the use of the information in the evidence table in any and all practice settings. Any reader of this document is cautioned that ASHP makes no representation, guarantee, or warranty, express or implied, as to the accuracy and appropriateness of the information contained in this evidence table and will bear no responsibility or liability for the results or consequences of its use.

Public access to AHFS Drug Information® (https://www.ahfscdi.com/login) is available for the next 60 days with the username "ahfs@ashp.org" and password "covid-19." ASHP's patient medication information is available at http://www.safemedication.com/.

ANTIVIRAL AGENTS

Drug(s)	AHFS Class	Rationale	Trials or Clinical Experience	Dosage[a]	Comments
Baloxavir	8:18.92 Antiviral	Antiviral active against influenza viruses	Currently no known published clinical trial data regarding efficacy or safety in the treatment of COVID-19 China: Two randomized clinical trials registered, but not yet recruiting. Chinese Clinical Trial Registry links [1]: ChiCTR2000029544 CHiCTR2000029548	Protocol in one registered Chinese trial (2000029548) specifies a baloxavir marboxil dosage of 80 mg orally on day 1, 80 mg orally on day 4, and 80 mg orally on day 7 as needed, not to exceed 3 total doses. [1]	No data to date support use in the treatment of COVID-19
Chloroquine Phosphate Hydroxychloroquine	8:30.08 Antimalarial	In vitro activity against some viruses, including coronaviruses [1-3] Chloroquine: In vitro activity against SARS-CoV-2 in infected Vero E6 cells reported; some evidence it may block infection in Vero E6 cells exposed to SARS-CoV-2 [1,4] Chloroquine: Active in vitro against SARS-CoV and MERS-CoV [2,3,5,9]	**Only limited clinical trial data available** to date to support use of chloroquine or hydroxychloroquine for treatment or prevention of COVID-19 **Multiple clinical trials initiated** using various dosages in pts with COVID-19 in China and other countries [3,4,10] **Clinical experience** in pts with COVID-19 accumulating; reports of possible clinical benefits, including decrease in viral load and duration of illness; only limited data available to date to support efficacy and identify possible safety concerns in pts with COVID-19 [4-7]	**Various dosages recommended or being investigated** **Oral chloroquine phosphate:** 500 mg twice daily for 10 days [4] **Oral chloroquine phosphate:** 500 mg twice daily for 7 days (adults 18-65 years weighing >50 kg); 500 mg twice daily on days 1 and 2, then 500 mg once daily on days 3-7 (adults weighing <50 kg) [11]	Efficacy of chloroquine or hydroxychloroquine for treatment or prevention of COVID-19 not established Additional data needed to determine whether in vitro activity against SARS-CoV-2 corresponds with clinical efficacy for treatment or prevention of COVID-19 Additional data needed to substantiate initial reports of efficacy and identify optimal dose and duration

Drug(s)	AHFS Class	Rationale	Trials or Clinical Experience	Dosage[a]	Comments
		Chloroquine: Active in vitro against SARS-CoV and MERS-CoV [2,3,5,9] Hydroxychloroquine: In vitro activity against SARS-CoV-2 reported; additional study needed, but may be more potent than chloroquine in vitro [8] Both drugs have immunomodulatory activity that theoretically could contribute to an anti-inflammatory response in patients with viral infections [1-3] Known pharmacokinetics and toxicity profile		**Oral chloroquine phosphate:** Initial dose of 600 mg (of chloroquine) followed by 300 mg (of chloroquine) 12 hours later on day 1, then 300 mg (of chloroquine) twice daily on days 2 -5 [4] **Consider:** 500 mg of chloroquine phosphate is equivalent to 300 mg of chloroquine base **Oral hydroxychloroquine:** 400 mg twice daily on day 1, then 200 mg twice daily on days 2-5 [8] **Oral hydroxychloroquine:** 400 mg daily for 5 days [4,10] **Oral hydroxychloroquine:** 100-200 mg twice daily for 5-14 days [4] **Oral hydroxychloroquine:** 200 mg 3 times daily for 10 days [7]	Chloroquine and hydroxychloroquine are suggested as possible options and are included in some guidelines for treatment of COVID-19
Lopinavir and Ritonavir (LPV/RTV; Kaletra®)	8:18.08.08 HIV Protease Inhibitor	Antiretroviral with in vitro activity against SARS-CoV and MERS-CoV [1,2,9,11]; some evidence of benefit in animal studies for treatment of MERS-CoV [2,7,9,11] Published data currently lacking on in vitro activity against SARS-CoV-2 [9]	**COVID-19 Randomized, open-label trial** in hospitalized adults with severe COVID-19 compared LPV/RTV in conjunction with standard of care (99 pts) vs standard of care alone (100 pts). Primary end point: time to clinical improvement (time from randomization to improvement of two points on a seven-category ordinal scale or hospital discharge, whichever came first). In ITT population, **time to clinical improvement was not shorter with LPV/RTV compared with standard of care** (median time to clinical improvement 16 days in both groups); in modified ITT population, median time to clinical improvement 15 days in LPV/RTV group and 16 days in standard of care only group. The 28-day mortality rate was numerically lower in LPV/RTV group (19.2% vs 25% in ITT population; 16.7% vs 25% in modified ITT population). Some evidence that LPV/RTV initiation within 12	**COVID-19:** LPV 400 mg/RTV 100 mg orally twice daily for 14 days [3] **COVID-19:** LPV 400 mg/RTV 100 mg orally twice daily with or without arbidol (200 mg every 8 hours) for up to 21 days [6] **COVID-19:** LPV 400 mg/RTV 100 mg orally with or without interferon (5 million units of interferon-α or equivalent twice daily given in 2 mL of sterile water by nebulization) and with or without ribavirin for up to 10 days [5,13] **SARS:** LPV 400 mg/RTV 100 mg orally twice daily for 14 days with ribavirin (4-g oral loading dose, then 1.2 g orally every 8 hours or 8 mg/kg IV every 8 hours) [1]	Efficacy for treatment of COVID-19 not definitely established Additional study needed to evaluate possible clinical benefits of early use of LPV/RPV in COVID-19 Additional study needed to evaluate benefits of concomitant use of LPV/RTV with other antivirals for COVID-19; usually used in conjunction with other antivirals (e.g., ribavirin with or without an interferon) for SARS and MERS

Drug(s)	AHFS Class	Rationale	Trials or Clinical Experience	Dosage[a]	Comments
			days after symptom onset is associated with shorter time to clinical improvement. **No significant differences in reduction of viral RNA load, duration of viral RNA detectability, duration of oxygen therapy, duration of hospitalization, or time from randomization to death.** LPV/RTV stopped early in 13 pts because of adverse effects. [3] **COVID-19 Retrospective cohort study** in adults evaluated use of LPV/RTV with or without Arbidol (influenza antiviral not licensed in US). Primary end point was negative conversion rate of coronavirus and progression or improvement of pneumonia. At 7 days, SARS-CoV-2 undetectable in nasopharyngeal specimens in 6/17 pts treated with LPV/RTV alone vs 12/16 pts treated with both drugs; at 14 days, undetectable in 9/17 pts (53%) vs 15/16 pts (94%). [6] **COVID-19 Clinical Experience:** Data accumulating on LPV/RTV used with or without interferon in pts with COVID-19 outside of clinical trials. [5, 12, 14] **SARS and MERS Clinical Experience:** Evidence of some clinical benefit when used in conjunction with ribavirin and/or interferon. [1, 8, 9, 10, 11]	**MERS:** LPV 400 mg/RTV 100 mg orally twice daily with ribavirin (various regimens) and/or interferon-α ; LPV 400 mg/RTV 100 mg orally twice daily with interferon β1b (0.25 mg/mL sub-Q on alternate days) for 14 days [1, 4, 8]	
Neuraminidase inhibitors (e.g., oseltamivir)	8:18.28	Antivirals active against influenza viruses	In a **retrospective case series** of 99 patients with COVID-19 at single center in Wuhan from 1/1/20 to 1/20/20, 76% of patients received antiviral treatment, including oseltamivir (75 mg orally every 12 hours). At the time of evaluation, 58% of patients remained hospitalized, 31% had been discharged, and 11% had died. [1] While oseltamivir is noted to have been widely used for confirmed or suspected COVID-19 cases in hospitals in China, there has been no exact evidence to date that oseltamivir is effective in the treatment of COVID-19. [2]	Dosage of oseltamivir in the case series of 99 patients was 75 mg orally every 12 hours. [1] Dosages of oseltamivir from registered trials (either recruiting, or not yet recruiting) vary, but include 300 mg orally daily, 75 mg orally once or twice daily, and 4–6 mg/kg orally (frequency not specified). [5]	No data to date support use in the treatment of COVID-19

Drug(s)	AHFS Class	Rationale	Trials or Clinical Experience	Dosage[a]	Comments
			Neither oseltamivir nor zanamivir has demonstrated inhibition of cytopathic effect against SARS-CoV in in vitro cell culture. [4] Clinicaltrials.gov trials for COVID-19 that include oseltamivir[5]: NCT04303299 (not yet recruiting) NCT04261270 (recruiting) NCT04255017 (recruiting)		
Remdesivir	8:18.92 Antivirals, Miscellaneous	Broad-spectrum antiviral with activity against coronaviruses Previously tested for SARS, MERS, and Ebola In vitro evidence of activity against SARS-CoV-2 [1] In vitro activity against SARS-CoV and MERS-CoV; active in animal models of SARS and MERS; prevented MERS in Rhesus macaques when given before infection and provided benefits when given after animal already infected [1-8] Pharmacokinetic data available from evaluations for Ebola	**Phase 3 randomized, open-label trial (NCT04292899)** initiated by the manufacturer (Gilead) to evaluate safety and antiviral activity of 5- and 10-day regimens of Remdesivir in conjunction with standard of care in pts with severe COVID-19 [10] **Phase 3 randomized, open-label trial (NCT04292730)** initiated by the manufacturer (Gilead) to evaluate safety and antiviral activity of 5- or 10-day regimens of remdesivir in conjunction with standard of care in pts with moderate COVID-19 compared with standard of care alone [11] **Phase 2 randomized, placebo-controlled trial** sponsored by NIAID initiated to evaluate safety and efficacy of remdesivir in hospitalized pts with laboratory-confirmed COVID-19 [13] **Various clinical trials** initiated in China and other countries **Compassionate use access:** May be available from manufacturer (Gilead) for pts with confirmed COVID-19 https://rdvcu.gilead.com/ **Compassionate use access (NCT04302766):** May be available for DoD personnel through treatment IND protocol sponsored by US Army Medical Research and Development Command [12]	Phase 3 trial protocol (severe COVID-19): 200 mg IV on day 1, then 100 mg IV daily on days 2-5 (arm 1) or 200 mg IV on day 1, then 100 mg IV daily on days 2-10 (arm 2) [10] Phase 3 trial protocol (moderate COVID-19): 200 mg IV on day 1, then 100 mg IV on days 2-5 (arm 1) or 200 mg IV on day 1, then 100 mg IV daily on days 2-10 (arm 2) [11] NIAID study protocol: 200 mg IV on day 1, then 100 mg IV for duration of hospitalization up to 10 days total [13]	Not commercially available; most promising antiviral currently being investigated for COVID-19 Safety and efficacy not established; additional data needed

SUPPORTING AGENTS

Drug(s)	AHFS Class	Rationale	Trials or Clinical Experience	Dosage[a]	Comments
Corticosteroids (general)	68:04 Adrenals	Potent anti-inflammatory and antifibrotic properties; low doses of corticosteroids may prevent an extended cytokine response and may accelerate resolution of pulmonary and systemic inflammation in pneumonia [3, 9] May improve dysregulated immune response caused by sepsis (possible complication of infection with COVID-19) and increase BP when low [4, 11]	**Observational studies:** Evidence suggests that corticosteroids in patients with SARS and MERS showed no survival benefit and possible harm (e.g., delayed viral clearance, avascular necrosis, psychosis, diabetes). [1] Systemic corticosteroid therapy (e.g., dexamethasone) has been studied for the treatment of acute respiratory distress syndrome (ARDS). [8, 9] Conflicting results reported for use of corticosteroids (e.g., hydrocortisone) for treatment of sepsis. [4]		WHO and CDC recommend that corticosteroids **not** be routinely used in patients with COVID-19 for treatment of viral pneumonia or ARDS unless indicated for another reason (e.g., asthma or COPD exacerbation, septic shock). [1, 2, 3, 8, 9] Existing evidence is inconclusive for treatment of COVID-19 patients. [3, 5, 7] Prudent use with low-to-moderate doses and short courses of treatment advised. [7, 8] **WHO and expert consensus statement from Chinese Thoracic Society:** Basic principles should be followed when using corticosteroids: (1) benefits and risks should be carefully weighed before using corticosteroids (2) corticosteroids should be used prudently in critically ill patients with 2019-nCoV pneumonia; (3) for patients with hypoxemia due to underlying diseases or who regularly use corticosteroids for chronic diseases, further use of corticosteroids should be cautious and (4) dosage should be low to moderate (≤ 0.5–1 mg/kg daily of methylprednisolone or equivalent) and duration should be short (≤7 days). [1, 7] Chinese health authority states that corticosteroids can be used in patients with COVID-19 who experience progressive deterioration for a short period of time (3-5 days) and at dosages not exceeding methylprednisolone 1-2 mg/kg daily or equivalent. [10] International clinical practice guidelines make a **weak** recommendation for use of corticosteroids in patients with sepsis. [4] Recommendation applies to all patients with sepsis with no meaningful

Drug(s)	AHFS Class	Rationale	Trials or Clinical Experience	Dosage[a]	Comments
					difference in efficacy of corticosteroids in different patient populations, including those with septic shock, pneumonia, or ARDS. [4] For treatment of sepsis, clinicians considering corticosteroids for patients with COVID-19 should balance the potential small reduction in mortality with potential effects of prolonged coronavirus shedding. [1] If corticosteroids prescribed, monitor and treat adverse effects including hyperglycemia, hypernatremia, and hypokalemia. [1,4]
Methylprednisolone (DEPO-Medrol®, SOLU-Medrol®)	68:04 Adrenal	Potent anti-inflammatory and antifibrotic properties; low doses of corticosteroids may prevent an extended cytokine response and may accelerate resolution of pulmonary and systemic inflammation in pneumonia [3,9]	**Retrospective, observational, single-center study:** In 201 patients with confirmed COVID-19 pneumonia who developed ARDS, methylprednisolone appeared to reduce the risk of death. [5] Among patients with ARDS, of those who received methylprednisolone treatment, 23 of 50 (46%) patients died, while of those who did not receive methylprednisolone, 21 of 34 (61.8%) died. [6]	Dosage used in this retrospective study not provided. [6] Based on expert consensus statement from Chinese Thoracic Society, dosage of methylpredniso-lone should be low to moderate (i.e., ≤ 0.5 to 1 mg/kg daily or equivalent). [7] Regimens used in China were typically methylpredniso-lone 40-80 mg IV daily for a course of 3-6 days. [8]	Findings suggest that for patients with COVID-19 pneumonia who progressed to ARDS, methylprednisolone treatment may be beneficial. Results should be interpreted with caution because of potential bias (drug used in sickest patients) and small sample size. Randomized controlled studies are needed. [6]
Nitric oxide (inhaled)	48:48 Vasodilating agent	To treat acute respiratory distress syndrome (ARDS), a potential complication of respiratory viruses such as coronaviruses [2,3]	In vitro evidence indicates that inhaled nitric oxide can inhibit replication of severe acute respiratory syndrome coronavirus (SARS-CoV)[1] Results of a small pilot study conducted in China during the SARS-CoV outbreak in 2004 showed that treatment with inhaled nitric oxide reversed pulmonary hypertension, improved severe hypoxia, and shortened the duration of ventilatory support [2,3]	Inhaled nitric oxide therapy was given for ≥3 days (30 ppm on day 1, followed by 20 and 10 ppm on days 2 and 3, respectively, then weaned on day 4; therapy was resumed at 10 ppm if deteriorating oxygenation occurred) in a pilot study in SARS-CoV patients [2]	Therapeutic guidelines state that inhaled nitric oxide may be considered in ARDS patients with severe hypoxemia; however, routine use not recommended because of a lack of mortality benefit and possible harm (e.g., nephrotoxicity) [4,5,6] Although no current data specifically on treatment of COVID-19, there are 2 registered clinical trials that will evaluate inhaled nitric oxide (NCT04290871, NCT04290858) in COVID-19 patients [3]

Drug(s)	AHFS Class	Rationale	Trials or Clinical Experience	Dosage[a]	Comments
Sarilumab (Kefzara®)	92:36 Disease-modifying Anti-rheumatic Drug	Recombinant humanized monoclonal antibody specific for the interleukin-6 (IL-6) receptor; may potentially combat cytokine release syndrome (CRS) symptoms (e.g., fever, organ failure, death) in severely ill patients [1, 2]	Currently no known published clinical trial evidence supporting efficacy or safety against Coronavirus. However, based on encouraging results in China with a similar drug, tocilizumab, a U.S.-based, phase 2/3, randomized, double-blind, placebo-controlled study evaluating efficacy and safety of sarilumab in patients hospitalized with severe COVID-19 is currently under way [3, 4] Clinicaltrials.gov link: https://clinicaltrials.gov/ct2/show/NCT04315298?term=sarilumab&draw=2&rank=4	Not available (see Trials or Clinical Experience)	
Sirolimus	92:44 Immunosuppressive agent (mTOR inhibitor)	mTOR complex 1 (mTORC1) is involved in the replication of various viruses, including coronavirus [1, 2, 5]	In vitro studies demonstrated inhibitory activity against MER-CoV infection [2] In an open-label prospective randomized study in 38 patients with confirmed H1N1 pneumonia, treatment with sirolimus 2 mg daily in conjunction with corticosteroids for 14 days was associated with improved patient outcomes (e.g., shortened duration of mechanical ventilation, improved hypoxia and multiorgan function) [3] Currently a registered clinical trial (NCT03901001 not yet recruiting) designed to evaluate adjunctive use of sirolimus and oseltamivir in patients hospitalized with influenza [4, 6]	Dosage of sirolimus in the open-label trial was 2 mg daily orally, administered in conjunction with oral prednisolone 20 mg daily for 14 days; patients also received oseltamivir 75 mg twice daily for 10 days [3]	Although possible clinical application, current data not specific to 2019-nCoV/SARS-CoV2-2; additional study needed [5]
Tocilizumab (Actemra®)	92:36 Disease-modifying Anti-rheumatic Drug	Recombinant humanized monoclonal antibody specific for the interleukin-6 (IL-6) receptor; may potentially combat cytokine release syndrome (CRS) symptoms (e.g., fever, organ failure, death) in severely ill patients [1, 2, 3]	Case study/series describing use of tocilizumab in patients with COVID-19 reported from various areas of the world [1, 3] In preliminary data from a non-peer-reviewed, single-arm Chinese trial involving 21 patients with severe or critical COVID-19 infection, patients demonstrated rapid fever reduction and a reduced need for supplemental oxygen within several days after receiving tocilizumab (initially given as a single 400-mg dose by IV infusion; this dose was repeated within 12 hours in 3 patients because of continued fever) [3]	IV infusion: **China** recommends an Initial dose of 4–8 mg/kg infused over more than 60 minutes. If initial dose not effective, may administer second dose (in same dosage as initial dose) after 12 hours. No more than 2 doses should be given; maximum single dose is 800 mg [2]	**In China**, tocilizumab can be used to treat coronavirus patients with serious lung damage and high IL-6 levels [2] Published data to support use currently are limited [1]

Drug(s)	AHFS Class	Rationale	Trials or Clinical Experience	Dosage[a]	Comments
			Currently no other known clinical trial evidence supporting efficacy and safety of tocilizumab against Coronavirus [1] **China:** Nonrandomized clinical trial evaluating efficacy & safety in 188 coronavirus patients under way through 5/10/20. **Results not yet available.** Chinese Clinical Trial Registry link: http://www.chictr.org.cn/showproj.aspx?		

OTHER

Drug(s)	AHFS Class	Rationale	Trials or Clinical Experience	Dosage[a]	Comments
ACE Inhibitors, Angiotensin II Receptor Blockers (ARBs)	24:32 Renin-Angiotensin-Aldosterone System Inhibitor	**Hypothetical harm:** Human pathogenic coronaviruses bind to their target cells through angiotensin-converting enzyme 2 (ACE2).[1,4,5] Expression of ACE2 is increased in patients treated with ACE inhibitors or ARBs.[1,4] Increased expression of ACE2 may potentially facilitate COVID-19 infections.[1] **Hypothetical benefit:** ACE inhibitors or ARBs may have a protective effect against lung damage or may have paradoxical effect in terms of virus binding.[1,2,6]	Data are lacking; no evidence of harm or benefit with regards to COVID-19 infection.[1,2,3] Clinical trial underway: Initiation of losartan in adult patients with COVID-19 requiring hospitalization; primary outcome measure: sequential organ failure assessment (SOFA) respiratory score. (NCT04312009)[7]		American Heart Association (AHA), American College of Cardiology (ACC), Heart Failure Society of America (HFSA), European Society of Cardiology (ESC) recommend to continue treatment with renin-angiotensin-aldosterone system (RAAS) antagonists in those patients who are currently prescribed such agents.[2,3] Patients with cardiovascular disease are at an increased risk of serious COVID-19 infections.[1,4]
Ibuprofen	28:08.04 Nonsteroidal Anti-inflammatory Agent (NSAIA)	Speculative link between ibuprofen and increased ACE2 expression **leading to worse outcomes** in COVID-19 patients, and should NOT be used in patients with COVID-19 [1]	None; anecdotal [1]		A letter published in The Lancet Respir Med [1] stated that increased expression of ACE2 could facilitate infection with COVID-19. The letter states that thiazolidinediones and ibuprofen can increase ACE2. **No sources have been cited for this.**

Drug(s)	AHFS Class	Rationale	Trials or Clinical Experience	Dosage[a]	Comments
					A statement attributed to WHO spokesperson Christian Lindmeier recommending paracetamol and avoiding ibuprofen as a self-medication was widely circulated in the media; however, such a position could not be found on the WHO website or other official sources. WHO has stated "after a rapid review of the literature, is not aware of published clinical or population-based data on this topic." As of 3/18/20 (via Twitter) "WHO does not recommend against the use of ibuprofen." https://twitter.com/WHO/status/1240409217997189128 In addition, there have been unsubstantiated reports of younger, healthy patients who took ibuprofen and suffered severe outcomes with COVID-19. Official case reports are lacking. On March 19, 2020, FDA issued a statement that it is not aware of scientific evidence connecting the use of NSAIAs, such as ibuprofen, with worsening COVID-19 symptoms. FDA stated that it is investigating this issue further and will communicate publicly when more information is available. FDA also noted that all prescription NSAIA labels warn that by reducing inflammation, and possibly fever, these drugs may diminish the utility of diagnostic signs in detecting infections. https://www.fda.gov/drugs/drug-safety-and-availability/fda-advises-patients-use-non-steroidal-anti-inflammatory-drugs-nsaids-covid-19 **Therefore, currently no compelling evidence to support an association between ibuprofen and negative outcomes in patients with COVID-19.**

Drug(s)	AHFS Class	Rationale	Trials or Clinical Experience	Dosage[a]	Comments
Indomethacin	28:08.04 Nonsteroidal Anti-inflammatory Agents (NSAIA)	Possible antiviral activity against **other** coronaviruses SARS-CoV & CanineCoV (interferes with viral RNA synthesis) [1]	Speculative; one **in vitro & animal model** study with other coronaviruses SARS-CoV & CanineCoV [1]		
Niclosamide	8:08 Anthelmintic	Broad antiviral activity In vitro evidence of activity against SARS-CoV and MERS-CoV [1,2]	Currently no known published clinical trial data regarding efficacy or safety in the treatment of COVID-19 In drug repurposing screens, was found to inhibit replication and antigen synthesis of SARS-CoV; did not interfere with virion's attachment into cells [1,2]		Not commercially available in the US No data to date support use in treatment of COVID-19

[a] See US prescribing information for additional information on dosage and administration of drugs commercially available in the US for other labeled indications.

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COVID-19 TREATMENT PROTOCOL

The purpose of this treatment protocol is to offer guidance to providers when treating a patient with confirmed COVID-19 disease. This protocol does not extensively cover screening/testing, personal protective equipment, and treatment of other viral illnesses. ***There is no current evidence from RCTs to recommend any specific anti-COVID-19 treatment for patients with suspected or confirmed COVID-19 infection****. This protocol will not cover all potential clinical scenarios and clinical judgment is required for optimal application. Contact the UTMB COVID team with questions (AMCOM – Call UTMB operator, ask for "COVID Team Pager").*

CLINICAL SETTING	TREATMENT / MANAGEMENT	EVIDENCE BASIS AND NOTES
SARS-CoV-2 TEST POSITIVE **ASYMPTOMATIC**	No COVID-19 prophylaxis or treatment Infection control via social isolation and quarantine	Roughly 80% of patients experience minimal or no symptoms without therapy
OUTPATIENT **SARS-CoV-2 TEST POSITIVE** **FEVER, URI/LRTI SYMPTOMS, AND/OR CLINICAL OR RADIOGRAPHIC PNEUMONIA**	Close monitoring for deterioration Infection control via self-isolation / quarantine with health department notification and follow-up Discuss return / emergency department precautions with patient Consider hydroxychloroquine for patients with risk factors or predisposing conditions for severe disease **ONLY** (Appendix A)	Patients with comorbid conditions or age >60 years experience worse outcomes In vivo and in vitro evidence of antiviral efficacy with hydroxychloroquine
For SARS-CoV-2 positive <u>inpatients</u> at all UTMB campuses, contact the COVID Team to determine clinical trial eligibility		
HOSPITALIZED – FLOOR / NON-ICU **SARS-CoV-2 TEST POSITIVE** **INELIGIBLE FOR CLINICAL TRIAL (I.E. UNWILLING TO CONSENT, INMATE, <18YO, PREGNANT, AST/ALT>5X ULN, EGFR<30, OUTSIDE OF HOSPITAL GALVESTON)**	Management by COVID team and strict hospital infection control practices and precautions Closely monitor clinical status for deterioration to ARDS, sepsis, or shock via continuous oximetry, regular physical exam, labs, and imaging Initiate hydroxychloroquine if patient has predisposing conditions for severe disease (Appendix A) **AND** no retinopathy or QTc prolongation	Patients with comorbid conditions or age >60 years experience worse outcomes In vivo and in vitro evidence of antiviral efficacy with hydroxychloroquine

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CLINICAL SETTING	TREATMENT / MANAGEMENT	EVIDENCE BASIS AND NOTES
HOSPITALIZED - ICU **SARS-CoV-2 TEST POSITIVE** **INELIGIBLE FOR CLINICAL TRIAL (I.E. UNWILLING TO CONSENT, INMATE, <18YO, PREGNANT, AST/ALT>5X ULN, EGFR<30, OUTSIDE OF HOSPITAL GALVESTON)**	Management by COVID team and strict hospital infection control practices and precautions Closely monitor clinical status for deterioration to ARDS, sepsis, or shock via continuous oximetry, regular physical exam, labs, and imaging Consider initiation of hydroxychloroquine if no retinopathy or QTc prolongation **AND** Attempt to obtain remdesivir via compassionate use	Studies of corticosteroids in similar infections demonstrated no efficacy and potential harm, including prolonged viral shedding In vivo and in vitro evidence of antiviral efficacy with hydroxychloroquine
HOSPITALIZED **SARS-CoV-2 TEST POSITIVE** **ELIGIBLE* FOR CLINICAL TRIAL**	Management by COVID team and strict hospital infection control practices and precautions Enroll in clinical trial of remdesivir and initiate study protocol *Clinical Trial inclusion/exclusion criteria in Appendix B	In vitro and in vivo animal studies against MERS, SARS, and other coronaviruses

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APPENDIX A: RISK FACTORS / PREDISPOSING CONDITIONS FOR SEVERE DISEASE

Health care worker
Age ≥60 years
Heart disease: HTN, CAD, HF
ESRD
Chronic lung disease: (COPD, asthma, ILD, lung cancer)
Smoking history
Cirrhosis
Diabetes
Immunodeficiency: SOT, HSCT recipients, malignancy, chronic steroids >20mg/day, biologics, chronic immunomodulator use, uncontrolled HIV (VL>200, CD4<200)
Obesity: BMI≥40

APPENDIX B: ADAPTIVE COVID-19 TREATMENT TRIAL ELIGIBILITY CRITERIA

INCLUSION CRITERIA	EXCLUSION CRITERIA
Subject (or legally authorized representative) provides written informed consent prior to initiation of any study procedures. Understands and agrees to comply with planned study procedures. Agrees to the collection of oropharyngeal (OP) swabs and venous blood per protocol. Male or non-pregnant female adult >/=18 years of age at time of enrollment. Has laboratory-confirmed novel coronavirus (SARS-CoV-2) infection as determined by polymerase chain reaction (PCR), or other commercial or public health assay in any specimen < 72 hours prior to randomization. Illness of any duration, and at least one of the following: • Radiographic infiltrates by imaging (chest x-ray, CT scan, etc.), or • Clinical assessment (evidence of rales/crackles on exam) and SpO2 </= 94% on room air, or • Requiring mechanical ventilation and/or supplemental oxygen Women of childbearing potential must agree to use at least one primary form of contraception for the duration of the study.	Alanine transaminase/aspartate transaminase (ALT/AST) > 5 times the upper limit of normal. Stage 4 severe chronic kidney disease or requiring dialysis (i.e. estimated glomerular filtration rate (eGFR) < 30) Pregnancy or breast feeding. Anticipated transfer to another hospital which is not a study site within 72 hours. Allergy to any study medication.

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APPENDIX C. THERAPEUTIC AGENTS AND DOSING

MEDICATION	DOSING	ADVERSE EFFECTS	COMMENTS
REMDESIVIR	Adult: 200mg IV x 1, then 100mg IV Q24h for up to 10 days Pediatric: <40 kg: 5mg/kg IV load, then 2.5 mg/kg Q24h ≥40 kg: Refer to adult dosing	- Hepatotoxicity (reversible, self-limiting) - Nephrotoxicity (rare)	- Preferred therapy - Available by Clinical trial or compassionate use only - In vitro and animal study evidence of efficacy in SARS, MERS, and other coronaviruses
HYDROXYCHLOROQUINE ****Use restricted to:** 1. SARS-CoV-2 test positive 2. Use approved by UTMB Galveston ID 3. Empiric use for COVID-19 and in ICU 4. Home medication or use for rheumatic disorder or malaria	Adult: 400mg PO BID x 2 doses (loading), then 200mg PO BID x 4 days. Pediatric: 10mg/kg (max: 400mg) PO BID x 2 doses, then 3mg/kg (max: 200mg) PO BID x 4 days	- QT prolongation - AV block - Retinopathy - Rash - Diarrhea - Hypoglycemia - Hemolytic anemia (G6PD deficiency)	- Preferred therapy if ineligible for remdesivir - Obtain ECG prior to initiation - Courses up to 10 days may be appropriate in select patients. Re-evaluate duration at day 5. - Contraindicated in pregnancy, breastfeeding, retinopathy; - Careful monitoring in QTc prolongation (440 ms for men and 460 for women), diabetes, G6PD deficiency
TOCILIZUMAB	Adult: 4-8mg/kg IV (max: 400mg) x 1; second dose may be considered if continued clinical worsening after 12 hours Pediatric: <6 kg: 12 mg/kg 6-10 kg: 80 mg 10-14 kg: 160 mg 15-18 kg: 200 mg 19-21 kg: 240 mg 22-24 kg: 280 mg 25-27 kg: 320 mg 28-32 kg: 360 mg 33-60 kg: 400 mg >60 kg: use adult dosing	- GI perforation - Anemia - Hepatitis - Infusion reaction	- Potential adjunctive therapy in severely ill patients at risk for cytokine storm with high serum IL-6 and/or ferritin levels - Contraindicated in pregnancy
NITAZOXANIDE	Adult: 500mg PO BID x 5 days Pediatric: 1-3 years: 100mg PO BID x 5 days 4-11 years: 200mg PO BID x 5 days ≥12 years: 500mg PO BID x 5 days	- Headache - Nausea - Abdominal pain - Urine discoloration	- Alternative therapy with limited in vitro data and an ongoing trial for use in COVID-19 - Safe in pregnancy after first trimester; no data on breastfeeding

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Division of Infectious Diseases Approval: Yes	Originated: 03/19/2020
Antimicrobial Subcommittee Approval: N/A	Last Revised: 03/20/2020
Revision history:	

March 21, 2020

Request Meetings with CID About PPE for Correctional Officers and to Discuss SOP for Transport Officers

Lannette Linthicum

om: Lannette Linthicum
ent: Saturday, March 21, 2020 4:25 PM
To: Lorie Davis; Billy Hirsch
Cc: Chris Black-Edwards
Subject: Fw: Offender Transport Document
Attachments: COVID-19 Transport 3-20 (1).docx

Lorie,
This is the document I worked on for you and Billy to review and provide input. i think that it is time for us to distribute PPE to our offender transport officers. We will need to control the distribution tightly. However, we need to be sensitive to their concerns and fears. see you Monday at 9:00A.M.

Lannette Linthicum, MD, CCHP-A, FACP
Director, Health Services Division
Texas Department of Criminal Justice
Two Financial Plaza, Suite 625
Huntsville, TX 77340
(936) 437-3542 (work)
(936) 437-3541(fax)

From: Webster, Sharon D. <sdwebste@UTMB.EDU>
Sent: Saturday, March 21, 2020 4:06 PM
To: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>
Subject: Offender Transport Document

Please see attached.

Thank you,

Sharon Webster
Administrative Secretary – Mental Health Services
UTMB – CMC Operations
200 River Pointe, Suite 200
Conroe, TX 77304
P – 936.494.4180 / F – 936.494.4194
e-mail – sdwebste@utmb.edu

utmb Health
Correctional
Managed Care

Correctional Officer Transport Guidance For Offender COVID-19 Suspect or Confirmed Cases

The following guidance should be followed regarding transports:

- Offender wears a face mask and performs hand hygiene (wash hands or use hand sanitizer) prior to transport.
- Correctional officer wears face mask (or N-95 respirator). Gloves, gown, and eye protection is worn if in close contact with offender prior to or during transport.
- Prior to transporting, all PPE (except for face mask/N-95 respirator) is removed. That means dispose of your gown and gloves; then hand hygiene is performed. This is to prevent contaminating the driving compartment.
- Ventilation system should bring in as much outdoor air as possible. Set fan to high.
- DO NOT place air on recirculation mode.
- Weather permitting, drive with the windows down.
- Following the transport, if close contact with the offender is anticipated, put on a new set of PPE (gown and gloves). Perform hand hygiene after PPE is removed.
- After transporting an offender, air out the vehicle for one hour before using it.
- Clean and disinfect the vehicle after the transport utilizing the Manufacturing Agribusiness and Logistics Guideline "The Texas Department of Criminal Justice Cleaning and Disinfecting Vehicles" protocol.

March 21, 2020

TDCJ and CMHC PPE Supplies

Lannette Linthicum

om: Bobby Lumpkin
Sent: Saturday, March 21, 2020 2:49 PM
To: Lannette Linthicum
Subject: PPE

Dr. L

Let me know if this works.

BDL

PPE	Inventory	How many?	Total	Months Available	On Order
Dust masks	89 pkgs	20 per pkg	1,780 masks	.8 months	660 pkgs
Gloves-disposable (L-XL)	1,300 cases	1,000 per case	1,300,000 gloves	1.1 months	5,217 cases
Gloves-rubber in Prison Store Warehouses	1,224	Pair	1,224 gloves	3.9 months	660
Gloves-rubber in Soap Warehouses	225 pkgs	12 pair to a pkg	2,700 gloves	2.6 months	0 pkgs
Rubber boots	3,220 pairs of boots	Pair	3,220 pairs of boots	1.6 months	5604 boots
Safety glasses	595 glasses	Each	595 glasses	1.5 months	2,304 glasses
Safety goggles	0	Each	0	0	1,152 goggles

Medical Items	Inventory	How many?	Total	Location
Gowns*	1,190 cases	75 per case	89,250	Prison Store
Medical N95 masks*	1,160	120 per case	139,200	Prison Store
Medical N95 masks	N/A	N/A	12,404	CMC Units
Medical N95 masks	N/A	N/A	2,138	TTUHSC Units
Surgical masks	N/A	N/A	72,895	CMC Units
Surgical masks	N/A	N/A	16,569	TTUHSC Units

*Belong to UTMB Medical

March 21, 2020

Hospital Galveston PPE for Correctional Officers Correspondence

Lori Brewer

From: Lannette Linthicum
Sent: Sunday, June 7, 2020 4:19 PM
To: Lori Brewer
Subject: Fwd: COVID 19 PPE Rooming Procedures
Attachments: COVID 19 PPE Rooming Procedures 3.16.20.pptx; ATT00001.htm

Please print and place in depo folder
Lannette Linthicum, M.D., CCHP-A, FACP
Director, Health Services Division
Texas Department of Criminal Justice
Phone: (936) 437-3542

From: Ojo, Olugbenga B. <obojo@utmb.edu>
Sent: Saturday, March 21, 2020 5:05:54 PM
To: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>
Cc: Murray, Owen J. <ojmurray@utmb.edu>; Lorie Davis <lorie.davis@tdcj.texas.gov>; Kovacevich, Marjorie M. <mmkovace@UTMB.EDU>; Ojo, Olugbenga B. <obojo@utmb.edu>
Subject: COVID 19 PPE Rooming Procedures

Good Afternoon Dr. Linthicum,

HG Correctional Officers are subject to the same Personal Protective Equipment (PPE) that all our staff at UTMB are subjected to.

Patients will be placed in droplet and contact precautions only. Contrary to widespread belief, most patients do not need Airborne precautions.

Attached are the current guidelines we use.

As you are aware, guidelines are fluid and subject to change. We will keep you informed if directives change.

We will keep Senior Warden Massey abreast of any changes.

Please let me know if you have any other questions.

Sincerely,

PPE and Rooming Procedures

CDC has relaxed their guidelines regarding the use of personal protective equipment (PPE) while taking care of patients suspected or confirmed of COVID-19. Current PPE and rooming recommendations are outlined below:

Setting	Rooming Procedures	Provider PPE	Symptomatic Patient Requirement
Urgent Care or Clinic	Normal	• Gown • Gloves • Eye protection (face shield or goggles) • Surgical facemask or fit-tested N95 mask (only if no surgical facemask is available)	Surgical facemask
Emergency Room	Normal	• Gown • Gloves • Eye protection (face shield or goggles) • Surgical facemask or fit-tested N95 mask (only if no surgical facemask is available)	Surgical facemask
Inpatient Settings	Normal	• Gown • Gloves • Eye protection (face shield or goggles) • Surgical facemask or fit-tested N95 mask (only if no surgical facemask is available)	Surgical facemask
Procedural Settings (i.e., nebulizer high-flow oxygen, non-invasive ventilation, or intubation or bronchoscopy)	Negative Pressure Room	• Gown • Gloves • Eye protection (face shield or goggles) • Fit-tested N95 facemask	Surgical facemask

If you have any questions, please contact Infection Control and Hospital Epidemiology by paging (409) 643-3133. If you need supplies in your area, please contact Jeff Radous, Director of Supply Chain Operations.

March 20, 2020

Guidelines Cleaning and Disinfecting Patient Transport Vehicles

(Dr. L had worked with CID and MAL to Develop)

Lannette Linthicum

om: Bobby Lumpkin
ent: Friday, March 20, 2020 7:40 AM
To: Senior Staff
Cc: David Gutierrez; Allison Dunbar; Senior Staff Assistants
Subject: Guidelines for Cleaning & Disinfecting Vehicles
Attachments: Guidelines - Cleaning & Disinfecting Vehicles.doc

Categories: Printed

Attached you will find guidelines for cleaning and disinfecting vehicles. In addition, Communications and Manufacturing, Agribusiness and Logistics will both work together to produce a short video highlighting this process.

Thank you
Bobby Lumpkin

Texas Department of Criminal Justice
Cleaning and Disinfecting Vehicles

When cleaning and disinfecting TDCJ vehicles the following procedures shall be followed.

PROCEDURES:

I. Planning

A. Establish a designated area for the cleaning and disinfecting process. The area should be large enough to allow adequate working space for cleaning and disinfecting.

B. Identify a location where vehicles that have been disinfected can remain during the necessary dwell time.

C. Within the designated area, establish a process to contain the spent rags and debris from vehicles.

II. General Procedures

A. Ensure that appropriate personnel protection equipment (PPE) such as rubber gloves and eye protection are available and utilized.

B. Remove the following items during the cleaning and disinfecting process:

1. All personal items;

2. Equipment in the truck bed or in the vehicle's trunk; and

3. Vehicle fixtures, floor mats, etc.

III. Cleaning Procedures

A. Exterior Washing Procedures

1. If possible, use detergent and warm water (90°F–130°F) to wash the vehicle and items removed for disinfecting.

2. Rinse the vehicle as needed.

B. Interior Cleaning and Disinfection

1. After each use, interior disinfection of the vehicle is necessary. All interior surfaces of the vehicle must be disinfected.

a. Remove all non-fixed items from the vehicle to be cleaned and disinfected.

b. Sweep and brush away any debris or mud from the vehicle's interior.

c. The following products are recommended for disinfection:

Product	Dwell time, minimum.
Bleach mixture (10 parts of water to 1 part bleach = 10:1 mixture)	10 Minutes
Mar-V-Cide (spray disinfectant)	10 Minutes

2. Procedures for hard, non-porous, or semi-porous surfaces.

a. If utilizing a bleach mixture, it is recommended to use a 10% solution of bleach and water.

(1) Using a properly labeled spray bottle, set the nozzle on a fine mist.

(2) Lightly mist the steering wheel, console, dash, floorboards, door panels, and posts. (Not recommended for seats.)

(3) Do not wipe the surfaces unless using a disinfectant wipe.

(4) After the recommended dwell time has expired, wipe all disinfectant residue from the interior of the vehicle using standard purpose paper towels.

b. If utilizing a spray disinfectant, Mar-V-Cide, etc.

(1) Lightly mist the steering wheel, console, dash, floorboards, door panels, posts, and seats. Do not saturate the seat. The seat must remain wet or moist only for the allotted dwell time.

(2) Do not wipe the surfaces, unless using a disinfectant wipe.

(3) After the recommended dwell time has expired, wipe all disinfectant residue from the interior of the vehicle using standard purpose paper towels.

3. Vehicles with cloth seats

Mist the seat covering with spray disinfectant. Do not saturate the seat. The seat must remain wet or moist only for the allotted dwell time.

Dr. Linthicum

Job Duties During COVID-19 Pandemic

Dr. Linthicum's Job Duties During the Pandemic

1.) Meetings with elected local and state officials, including the Mayor of Palestine, the Anderson County Judge, the Bowie County Judge and various state representatives offices.

2.) Weekly meetings with local public health authorities and DSHS officials; including:

   a. Serving as the point of contact for questions from local public health authority medical directors/physicians.
   b. Serving as the point of contact to Ginger McGalin, FNP, team lead for the DSHS COVID-19 "Vulnerable Populations for Prisons, Jails and Veterans Administration Hospitals Task Force".
   c. Serving as a point of contact to Shawn Tupy, DSHS Director, Infectious Disease Prevention.
   d. Serving as the point of contact to Jeff Hoogheem, Director, Center for Health Emergency Preparedness and Response, Texas Department of State Health Services.
   e. Assisting the UTMB Director for Health Information with her statewide responsibilities for COVID-19 death record tracking.
   f. Periodically monitoring the DSHS and CDC websites along with the Deputy Director of Health Services for new updates related to COVID-19 management.

3.) Participating in the TDCJ COVID-19 Command Center.

4.) Serving as the medical advisor to all 17 TDCJ divisions and the 4 TBCJ divisions for COVID-19 related matters.

5.) Serving as the statewide TDCJ employee health services administrator for COVID-19 related illnesses: informing employees of laboratory test results in writing; mailing copies of lab reports to employees and answering employee health related questions.

6.) Working with the universities in developing documents on COVID-19 health care operations/activities that are reported daily into central command to be posted on the TDCJ COVID-19 website.

7.) Providing physician oversight to the TDCJ Office of Public Health in their case reporting of COVID-19 positive offender and TDCJ employee cases to DSHS.

8.) Participating in weekly meetings with the Huntsville Memorial Hospital.

9.) Participating in twice weekly meetings with offender family and advocacy groups.

10.)Participating in daily Command Center conference calls.

11.)Participating in weekly Joint Medical Directors conference calls.

January 27, 2020

UTMB Creates a Coronavirus Trask Force

Lannette Linthicum

om: Ojo, Olugbenga B. <obojo@utmb.edu>
ɜent: Monday, January 27, 2020 7:36 AM
To: Lannette Linthicum
Cc: Murray, Owen J.; Ojo, Olugbenga B.
Subject: CORONA VIRUS TASK FORCE

Categories: Printed

Good Morning Dr. Linthicum,

UTMB has created a Corona Virus Task force in light of the epidemic of the virus in China and the confirmed cases in the USA.

Members of the multidisciplinary Task Force met last Friday (01/24/2020) to brainstorm and discuss UTMB's response should there be an outbreak in the US or Texas. The meeting also included participants from the CDC as well as UTMB's emergency response.

The summary of the meetings are as follows:

- Currently, UTMB's plan is in line with CDC and NETEC recommendations.
- Suspicious patients should be placed in Airborne and or Droplet precautions (if Airborne unavailable)
- No change in PPE recommendations at this time.
- 5 Confirmed cases in the USA (all have recently traveled to China)
- Current estimates are that the fatality rate of the Corona Virus is about 3%
- UTMB has been and will continue to be in touch with DSHS as well as Galveston County Health Department.
- Efforts are currently in place to reach out to UTMB employees currently in China
- The Task Force will continue to meet weekly or sooner if the situation changes.

UTMB will probably be at the epicenter of any response in Texas if there is an epidemic in Texas. I will keep you updated with new developments and or further announcements!

Sincerely,

Olugbenga Ojo, M.D, M.B.A., F.A.C.P
Chief Medical Officer /Chief Physician Executive
TDCJ Hospital & Clinics
Associate Professor Of Medicine
Department Of Internal Medicine
University Of Texas Medical Branch Galveston
301 University Blvd., Galveston, Texas 77555-0449
P 409.772.6140
409.747.6270
obojo@utmb.edu

February 26, 2020

UTMB CMC Calls a Coronavirus Planning and response Meeting

- Agenda
- PowerPoint

As of this date 6 cases in Texas and 0 deaths

Info about PPE shortage

Lannette Linthicum

From: Ojo, Olugbenga B. <obojo@utmb.edu>
Sent: Friday, February 21, 2020 11:59 AM
To: Lannette Linthicum
Subject: CORONAVIRUS

Importance: High

Good Afternoon Dr. L,

I have put together a Coronavirus planning and response meeting for Wednesday, Feb. 26th at noon.

The UTMB and CDC experts will be on hand. I have extended an invite to Dr. Coglianese and Chris-Black Edwards.

Would you like to attend?

Olugbenga Ojo, M.D, M.B.A., F.A.C.P
Chief Medical Officer /Chief Physician Executive
TDCJ Hospital & Clinics
Associate Professor Of Medicine
Department Of Internal Medicine
University Of Texas Medical Branch Galveston
301 University Blvd., Galveston, Texas 77555-0449
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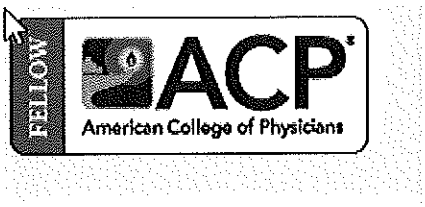
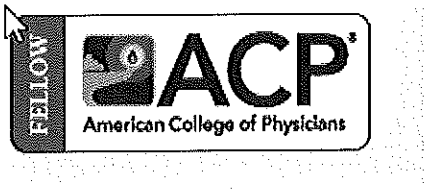
F 409.747.6270
E obojo@utmb.edu



Olugbenga Ojo, M.D, M.B.A., F.A.C.P
Chief Medical Officer /Chief Physician Executive
TDCJ Hospital & Clinics
ssociate Professor Of Medicine
Department Of Internal Medicine
University Of Texas Medical Branch Galveston
301 University Blvd., Galveston, Texas 77555-0449
P 409.772.6140
F 409.747.6270
E obojo@utmb.edu



Lannette Linthicum

From: Melissa Kimbrough
Sent: Friday, February 21, 2020 1:47 PM
To: Lannette Linthicum
Subject: RE: CORONAVIRUS

Dr. L- I will certainly be available. Just let me know.

Thank you.
Melissa A. Kimbrough
TDCJ Emergency Management
W: 936.437.6038
C: 936.581.9848

From: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>
Sent: Friday, February 21, 2020 1:45 PM
To: Ojo, Olugbenga B. <obojo@utmb.edu>
Cc: Chris Black-Edwards <Chris.Black-Edwards@tdcj.texas.gov>; Melissa Kimbrough <Melissa.Kimbrough@tdcj.texas.gov>; Oscar Mendoza <Oscar.Mendoza@tdcj.texas.gov>
Subject: Re: CORONAVIRUS

Yes I would like to attend. May I invite TDCJ's emergency manager, Melissa kimbrough to attend as well if her schedule permits. Will there be a conference call line?

Lannette Linthicum, M.D., CCHP-A, FACP
Director, Health Services Division
Texas Department of Criminal Justice
Phone: (936) 437-3542

From: Ojo, Olugbenga B. <obojo@utmb.edu>
Sent: Friday, February 21, 2020 11:59:16 AM
To: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>
Subject: CORONAVIRUS

Good Afternoon Dr. L,

I have put together a Coronavirus planning and response meeting for Wednesday, Feb. 26th at noon.

The UTMB and CDC experts will be on hand. I have extended an invite to Dr. Coglianese and Chris-Black Edwards.

Would you like to attend?

Lannette Linthicum

om: Hilton, Shirley A. <sahilton@UTMB.EDU>
ɔent: Friday, February 21, 2020 1:50 PM
To: Ojo, Olugbenga B.; Lannette Linthicum
Cc: Chris Black-Edwards; Melissa Kimbrough; Oscar Mendoza
Subject: RE: CORONAVIRUS

I have added Dr. Linthicum and Melissa to the invite.

Please see the conference line number for the meeting below.

1-877-226-9790 ; Access Code 2471129

Shirley Hilton
Sr. Administrative Manager
'ospital Galveston

301 University Boulevard, Galveston, TX 77555-0449
P 409.772.6140
F 409.772.7623 E sahilton@utmb.edu

utmb Health

Working together to work wonders.™

From: Ojo, Olugbenga B. <obojo@utmb.edu>
Sent: Friday, February 21, 2020 1:48 PM
To: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>
Cc: Chris Black-Edwards <Chris.Black-Edwards@tdcj.texas.gov>; Melissa Kimbrough <Melissa.Kimbrough@tdcj.texas.gov>; Oscar Mendoza <Oscar.Mendoza@tdcj.texas.gov>; Hilton, Shirley A. <sahilton@UTMB.EDU>
Subject: RE: CORONAVIRUS

Yes, she is invited as well.

There will be a conference call line.

Ms. Hilton, please add Melissa kimbrough as well

From: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>
Sent: Friday, February 21, 2020 1:45 PM
To: Ojo, Olugbenga B. <obojo@utmb.edu>
:: Chris Black-Edwards <Chris.Black-Edwards@tdcj.texas.gov>; Melissa Kimbrough <Melissa.Kimbrough@tdcj.texas.gov>; Oscar Mendoza <Oscar.Mendoza@tdcj.texas.gov>
Subject: Re: CORONAVIRUS

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Lannette Linthicum, M.D., CCHP-A, FACP
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Texas Department of Criminal Justice
Phone: (936) 437-3542

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Olugbenga Ojo, M.D, M.B.A., F.A.C.P
Chief Medical Officer /Chief Physician Executive
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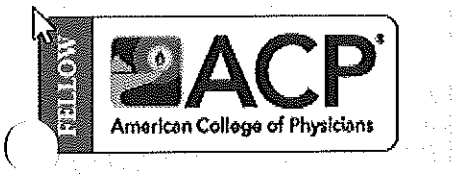
E obojo@utmb.edu



Coronavirus Planning & Response Meeting

February 26, 2020

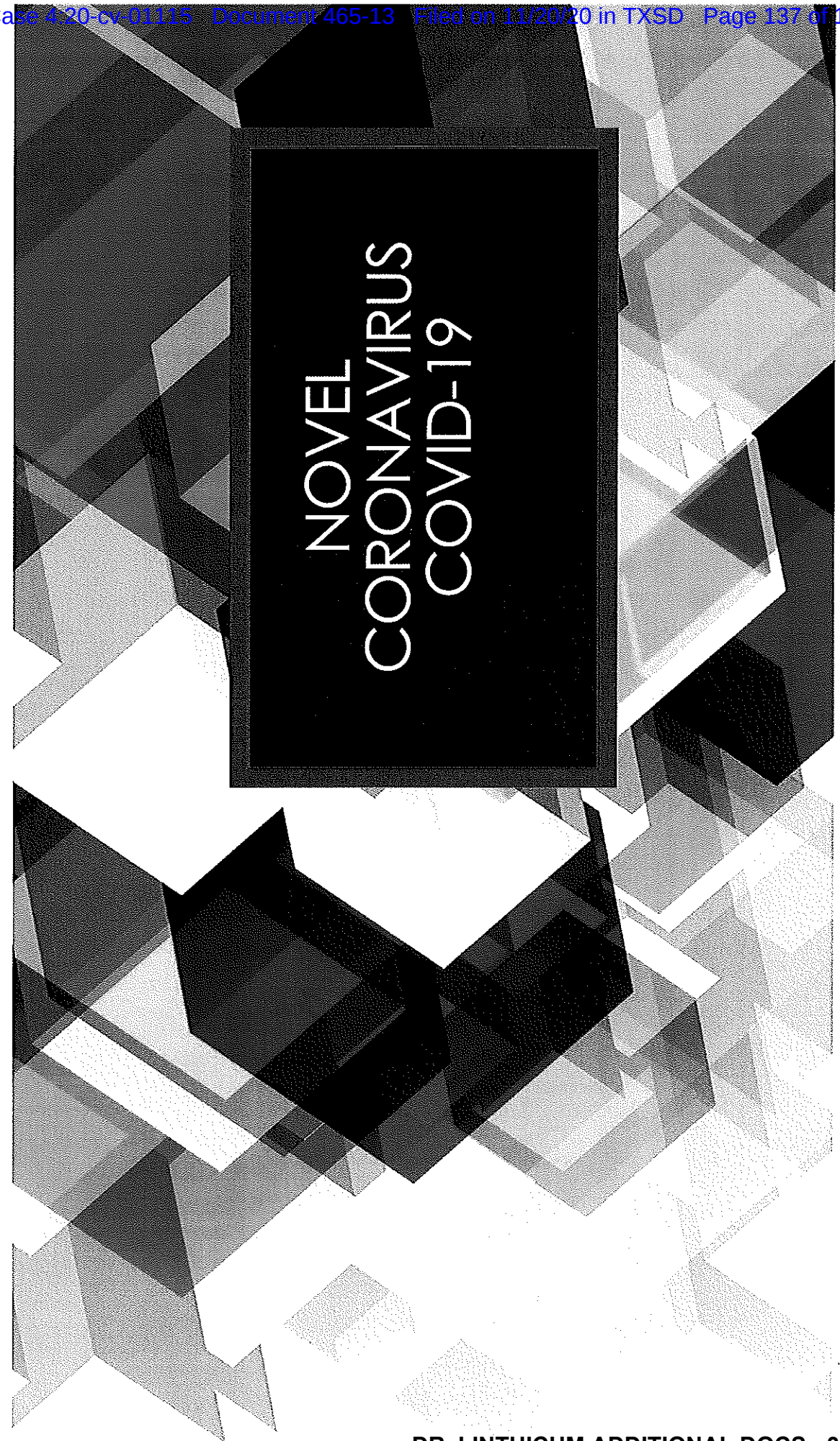
12:00pm

Facilitator: Olugbenga Ojo, MD, MBA, FACP

Attendees: Owen Murray, DO, MBA; Philip Keiser, MD; Janak Patel, MD; Lannette Linthicum, MD; Victor Jackson, MD; Monte Smith, MD; Carol Lynn Coglianese, MD; Justin Robison, CNO; Kirk Abbott, CNO; Chris Black-Edwards CNO; Melissa Kimbrough; Marjorie Kovacevich; Ed Owens; Charles Kuebler; Kelly Coates; Anthony Williams

Agenda

- Overview of Coronavirus to Date
- Stats
  - Worldwide
    - Infected – 80, 000
    - Deaths – 2,700
  - US
    - Infected – 53
    - Deaths – 0
  - Texas
    - Infected – 6
    - Deaths - 0
- UTMB Planning
- Correctional Care
  - Risk
  - Response
  - Isolation/Quarantine
  - Transportation

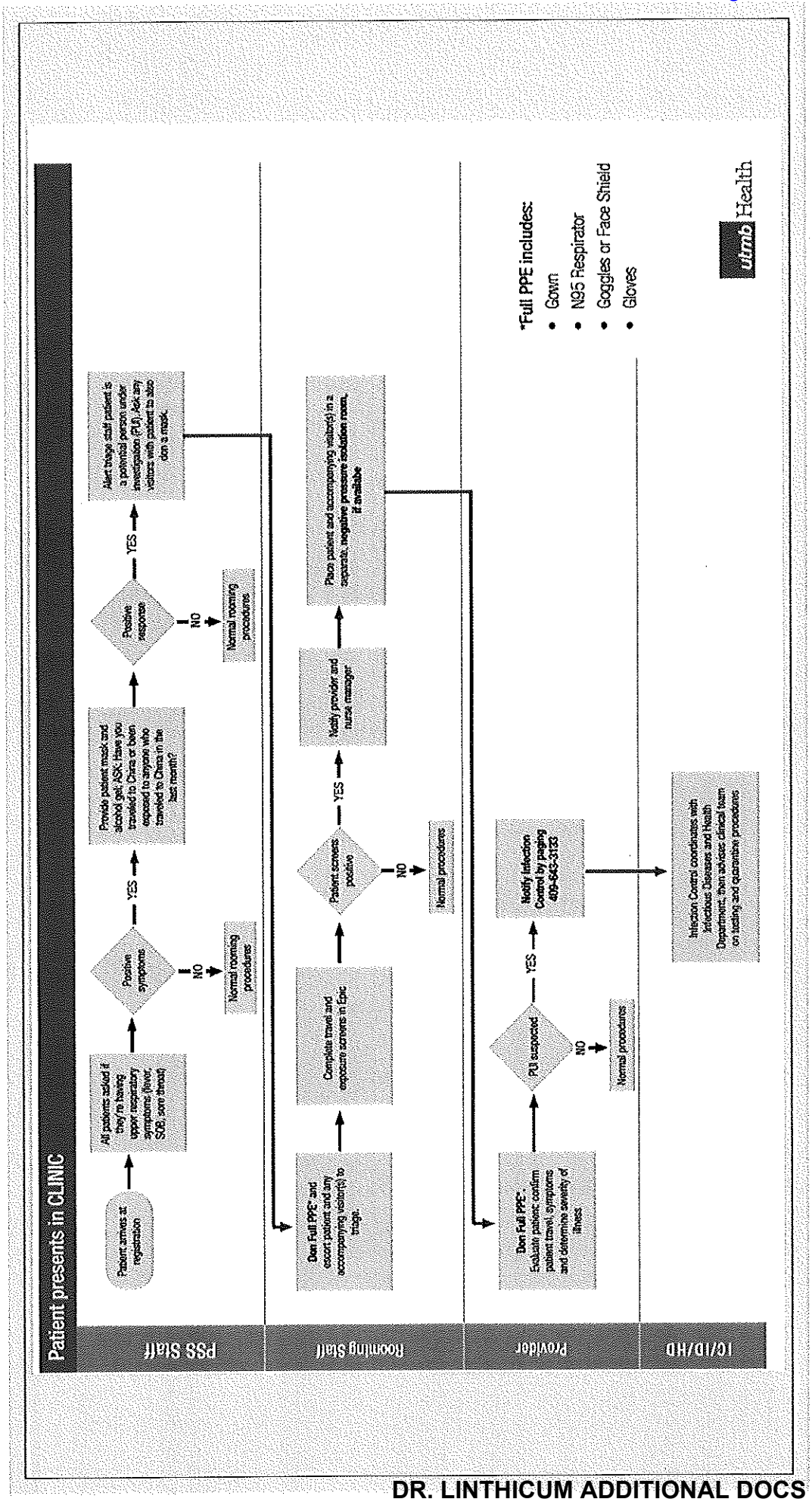

NOVEL
CORONAVIRUS
COVID-19

Coronavirus Disease 2019 (COVID-19)

- Much is unknown about COVID-19
- Spreads from person-to-person and causes severe disease and death
  - Respiratory droplets by coughing or sneezing
  - Close personal contact, such as touching or shaking hands

Coronavirus Disease-19 (COVID-19)

- So far, 2019-nCoV appears to cause mild upper respiratory infection in most patients. Severe illness resulting in death is an infrequent occurrence (<5%).
- However, information on modes of transmission, clinical complications, and international spread is still evolving.
- Older persons are at higher risk for complications, including death
- Prolonged hospitalization
- Slow recovery
- Respiratory status worsens in second week– ARDS, multiorgan failure3


Patient presents in CLINIC
PSS Staff
Rooming Staff
Provider
IC/ID/HD
Patient arrives at registration
All patients asked if they're having upper respiratory symptoms (fever, SOB, sore throat
Positive symptoms
YES
NO
Normal morning procedures
Provide patient mask and alcohol gel; ASK: Have you traveled to China or been exposed to anyone who traveled to China in the last month?
Positive response
YES
NO
Normal morning procedures
Alert triage staff patient is a potential person under investigation (PUI). Ask any visitors with patient to also don a mask.
Don Full PPE* and escort patient and any accompanying visitor(s) to triage.
Complete travel and exposure screens in Epic
Patient screens positive
YES
NO
Normal procedures
Notify provider and nurse manager
Place patient and accompanying visitor(s) in a separate, negative pressure isolation room, if available
Don Full PPE: Evaluate patient, confirm patient travel, symptoms and determine severity of illness
PUI suspected
YES
NO
Normal procedures
Notify Infection Control by paging 409-643-3133
Infection Control coordinates with Infectious Diseases and Health Department, then advises clinical team on testing and quarantine procedures
*Full PPE includes:
Gown
N95 Respirator
Goggles or Face Shield
Gloves
UTMB Health

Expected Approach to Evaluation and Management

Facemask: Patients will be immediately asked to wear a surgical facemask when presenting with any acute respiratory illness at any clinical location. The patient must wear the facemask until a complete evaluation is performed.

Patient Screening: All patients **presenting with acute respiratory symptoms should be screened** for 2019-nCoV risks during the triage process.

-or-

Criteria to guide the evaluation of patients for 2019-nCoV:

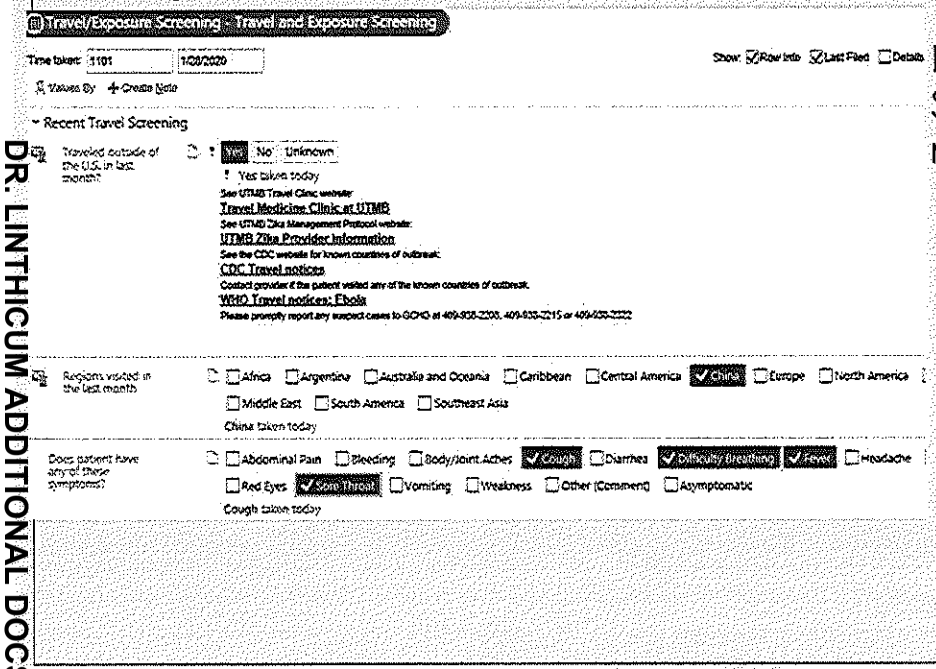
- Fever **and** symptoms of lower respiratory illness (e.g., cough, shortness of breath) **and** in the last 14 days before symptom onset, **history of travel from China** (Wuhan is the primary region, but any patient from China will be screened)

In **the last 14 days before symptom onset, close contact with a person who is under investigation** for 2019-nCOV while that person was ill.

Fever **or** symptoms of lower respiratory illness (e.g., cough, shortness of breath) **and** in **the last 14 days before symptom onset, close contact with an ill laboratory-confirmed** 2019-nCoV patient.

An EPIC EMR clinical symptoms and travel screen function is now released

Screening in EPIC – Clinical healthcare staff documentation requirements



Positive Screens will result in BPA

Possible Coronavirus Risk

Place facemask on patient immediately.

In past 14 days, has the patient traveled to China or had contact with laboratory confirmed case of novel coronavirus from China?

If NO, continue care per routine for respiratory virus illness (continue facemask).

If YES, patient is at risk for 2019 novel coronavirus (2019-nCoV). Follow instructions below.

Detailed Screening of Patients: Criteria to guide evaluation of patients for 2019-nCoV (also available at https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html)

1) Fever AND symptoms of lower respiratory illness (e.g., cough, shortness of breath)
–and in the last 14 days before symptom onset,
- History of travel from China (Wuhan is the primary region, but any patient from China will be screened) or
- Close contact with a person who is under investigation for 2019-nCOV while that person was ill.

2) Fever OR symptoms of lower respiratory illness (e.g., cough, shortness of breath)
–and in the last 14 days before symptom onset, close contact with an ill laboratory-confirmed 2019-nCoV patient.

Infection Control:

- All suspect cases of 2019-nCov should continue to wear facemask and be immediately transferred to a private room, with the door closed, ideally a negative pressure isolation room if available.
- Healthcare personnel entering the room should use standard precautions, contact precautions, airborne precautions (or droplet precaution if airborne precautions are unavailable), and use eye protection (e.g., goggles or a face shield).
- Healthcare personnel will immediately inform Infection Control Department of the suspect case (pager 409-643-3131).
- Patients requiring hospitalization will be placed in negative pressure isolation rooms.
- Room disinfection and handling of waste, and laundry is as per routine procedure for respiratory viruses.
- Visitation of ill patients will be limited to close family members who will also follow infection precautions.

Laboratory Tests:

- For investigation of 2019-nCoV, collect upper respiratory sample (nasopharyngeal or oropharyngeal swab or aspirate), sputum and serum specimens. If patient is intubated, collect lower respiratory samples (bronchoalveolar lavage, tracheal aspirate)
  - Place laboratory test order by choosing 'Miscellaneous Test', and specify in Comments 'Investigations to be sent to the State Lab for novel coronavirus 2019-nCoV. Contact Microbiology Lab Director'. Store and transport these samples to UTMB Microbiology Laboratory at cold temperature (2-8 °C).
- Also collect nasopharyngeal or oropharyngeal aspirate or swab for routine Respiratory Virus Panel by PCR test to diagnose other common respiratory viruses present in the community. This PCR panel tests for coronavirus strains, but does NOT identify 2019-nCoV.

Treatment:

- Consultation with UTMB Infectious Disease faculty will be required for all outpatient and inpatient encounters to appropriately diagnose the illness and to make decisions regarding hospitalization. Decision to discharge home with self isolation will be made in conjunction with the local health department authority. It is expected that until more information is available, abundant caution will be exercised by hospitalizing the suspect patient.
- There is no specific treatment of 2019-nCoV. Supportive care is needed.

Additional Questions: Contact the following persons via UTMB phone operator at 409-772-1011 or email.

- Infection Control: Dr. Janak Patel and Shirley Shores; Infectious Diseases: Drs. Susan McLellan and Philip Keiser

Infection Control

All suspected cases of 2019-nCov should continue to wear facemasks and be immediately transferred to a private room with the door closed, ideally a negative pressure isolation room if available.

Healthcare personnel will immediately inform the Infection Control Department of the suspected case by paging 409-643-3133.

Room disinfection and handling of waste and laundry will follow routine procedures for respiratory viruses.

Healthcare personnel entering the room should use standard precautions, contact precautions, airborne precautions (or droplet precautions if airborne precautions are unavailable), and use eye protection (e.g., goggles or a face shield).

Patients requiring hospitalization will be placed in negative pressure isolation rooms.

Visitation of ill patients will be limited to close family members who will also follow infection precautions.

Laboratory Tests

In addition to all other applicable laboratory tests like flu and rsv, the micro lab is requesting the following three samples be collected:

1) Upper respiratory sample x2 (**nasopharyngeal or oropharyngeal** swab or aspirate) in the universal viral transport tube. (one for state lab, one for UTMB lab to r/o other viruses)
2) Sputum sample in a sterile cup
3) Serum specimen in a SST

Place laboratory test order by choosing 'Miscellaneous Test'

- **Store and transport these samples to the UTMB Microbiology Laboratory at cold temperature (2-8°C). (refrigerated)**
- **You will need to print 3 more labels and affix them to the other specimens by selecting the label icon in EPIC. Please write in comments** "Refrigerated VTM swab, sputum, and serum specimens for 2019-nCoV testing. **Investigation to be sent to the State Lab for novel coronavirus 2019-nCoV. Contact Microbiology Lab Director"**
- **All three specimens will only have one accession number, the lab recommends that you print out a separate packing list for these specimens and package in one bag.**

NO LONGER REQUIRED TO COMPLETE PUI FORM

Universal viral media transport tube X2 for each patient.

Lab order form

	eSwabs - Mini Tip	50/Pkg	R723481
★	Universal Viral Transport Tubes (UTM)	50/Pkg	2203116
	Cary Blair Fecal Swab Collection Kit	50/Pkg	R723487

Treatment

- Consultation with the UTMB Infectious Disease faculty will be required for all outpatient and inpatient encounters to appropriately diagnose the illness and to make decisions regarding hospitalization. Decisions to discharge home with self-isolation will be made in conjunction with the local health department authority. It is expected that until more information is available, abundant caution will be exercised by hospitalizing the suspect patient.
- There is no specific treatment of 2019-nCoV. Supportive care is needed.

FIT TESTING

- EHS will be around to get clinical employees FIT tested for use of a N95 respirator
  - Complete employee health survey

What are our Levers? *Examples* of what we can do now vs what we can do next, add on measures

Strategies	No disease	Sporadic Disease	Widespread Disease (mild)	Widespread Disease (severe)
Personal	Basic respiratory hygiene, hand hygiene	+ Facemasks	+ Isolation, improvised face masks	+ Quarantine
Community		+Social distancing, online education, telework	+Cancel event, quarantine for exposed school age kids, home delivery (goods, groceries, meds)	+School closures, cancel or postpone events, temporary business closures
Healthcare	Standard isolation and infection control	Standard isolation and infection control, conserving supplies, training healthcare workforce , home care for mild disease	+Triage, self checkers, telemedicine, call ahead policies , alternative infection control practices and standards of care	National triage lines to direct people care, crisis standards of care, reserve hospitals only for those that are most ill
Environmental	Disinfecting			

Actions change based on how severe outbreak is in a community

Healthcare System (HCS) Mitigation Strategies (*examples*)

	Sporadic disease or Issues with ability to provide care (space, staff, stuff)	Mild Disease	Severe Disease
Limit people entering system	• Home care for mild cases • Monitoring and movement guidance • Limit number of visitors in patient room	• Self-assessment tools • Telemedicine for triage • Augment use of non-acute care sites (urgent/retail care)	• Reserve hospitals only for those who are ill
Limit exposures once in system	• Engineering controls (physical barriers) • Exclude non-essential HCP • Monitoring and movement guidance	• Cohorting patients • Assigning designated providers • Limit HCP/patient interactions (e.g., video when feasible)	
Reduce demand on Scarce Resources	• Limiting respirators during training and fit testing • Clarify products needed • Communications	• Alternative product use • Extended use and/or limited reuse • Staffing strategies (identifying specific care teams)	• Prioritize use based on exposure risk

Moving towards alternative standards of care

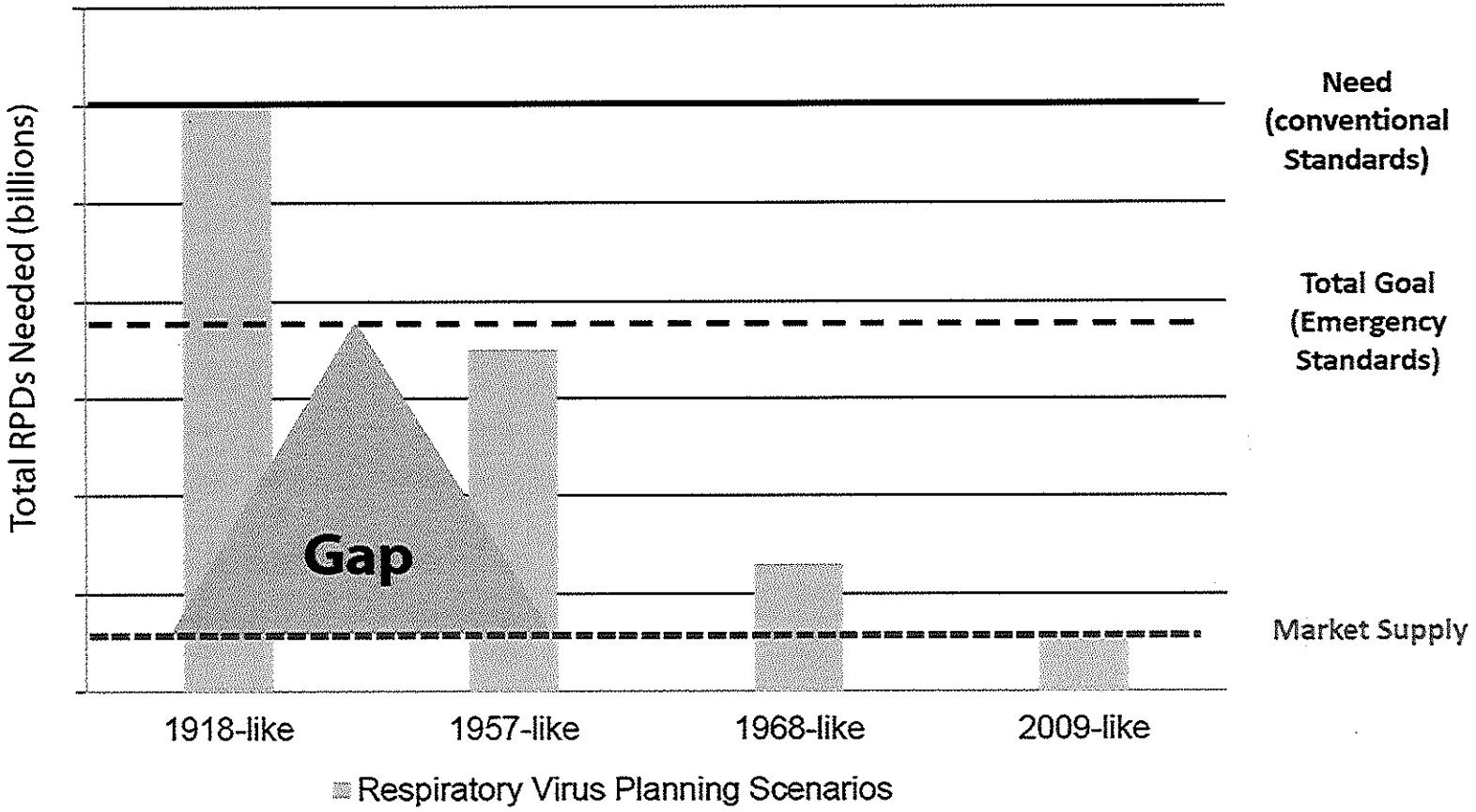
CDC

Healthcare System (HCS) Mitigation Strategies (*examples*)

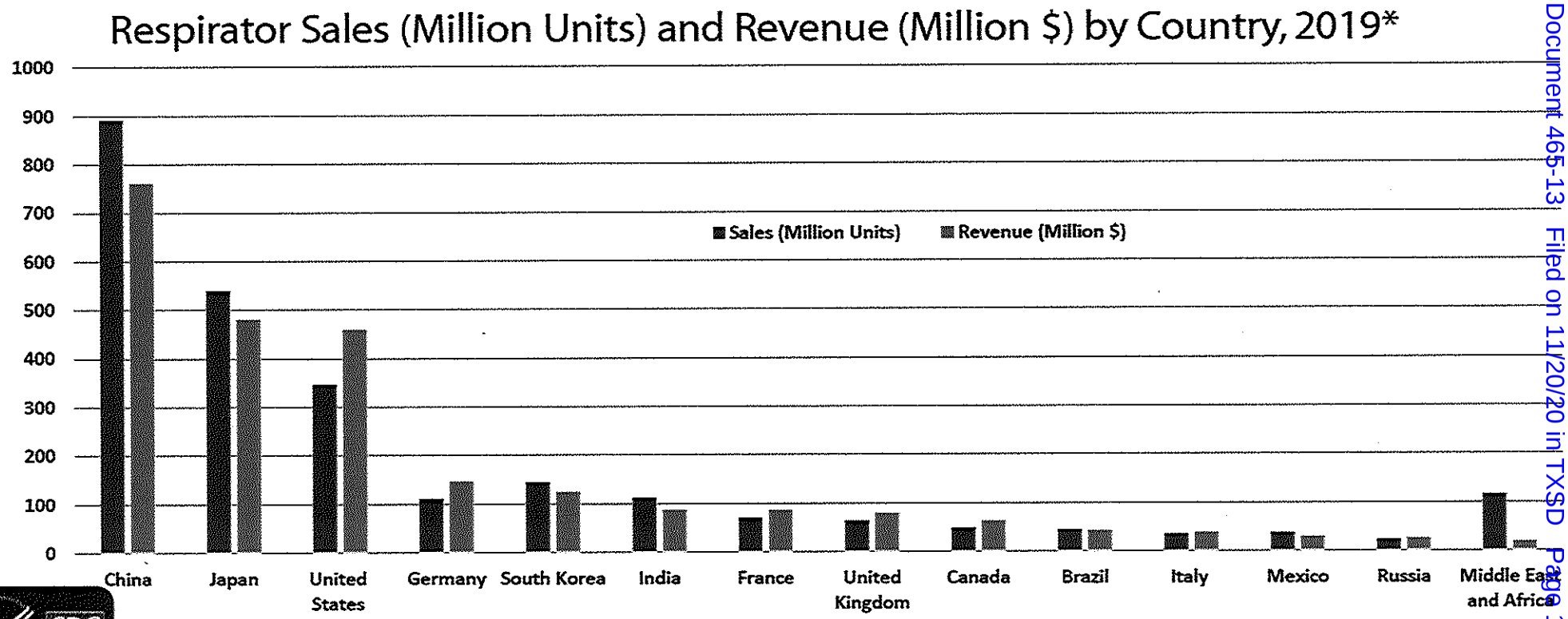
Number of respiratory protective devices needed exceeds most planning scenarios; need to address the gap–can't buy our way out

2019 Market:
- N95s: 346M
- Facemask: 540M

Planning Estimates:
- N95s: 3,506 M
- Facemask: 438 M
- Reusable RPDs: 1.62 M

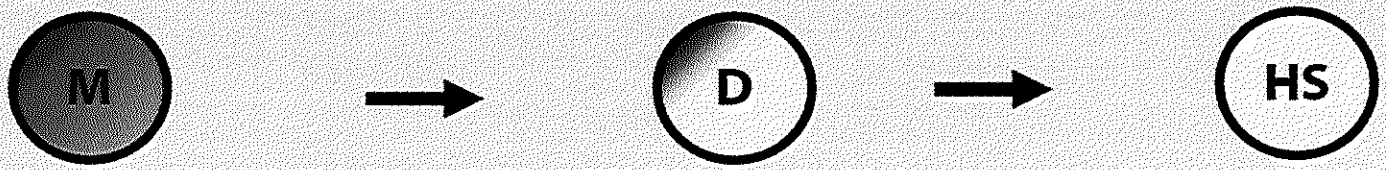


China, Japan, and US are the largest markets



*Global Infor Research, 2020

Estimated N95 Supply Status: As of 02/14/20*

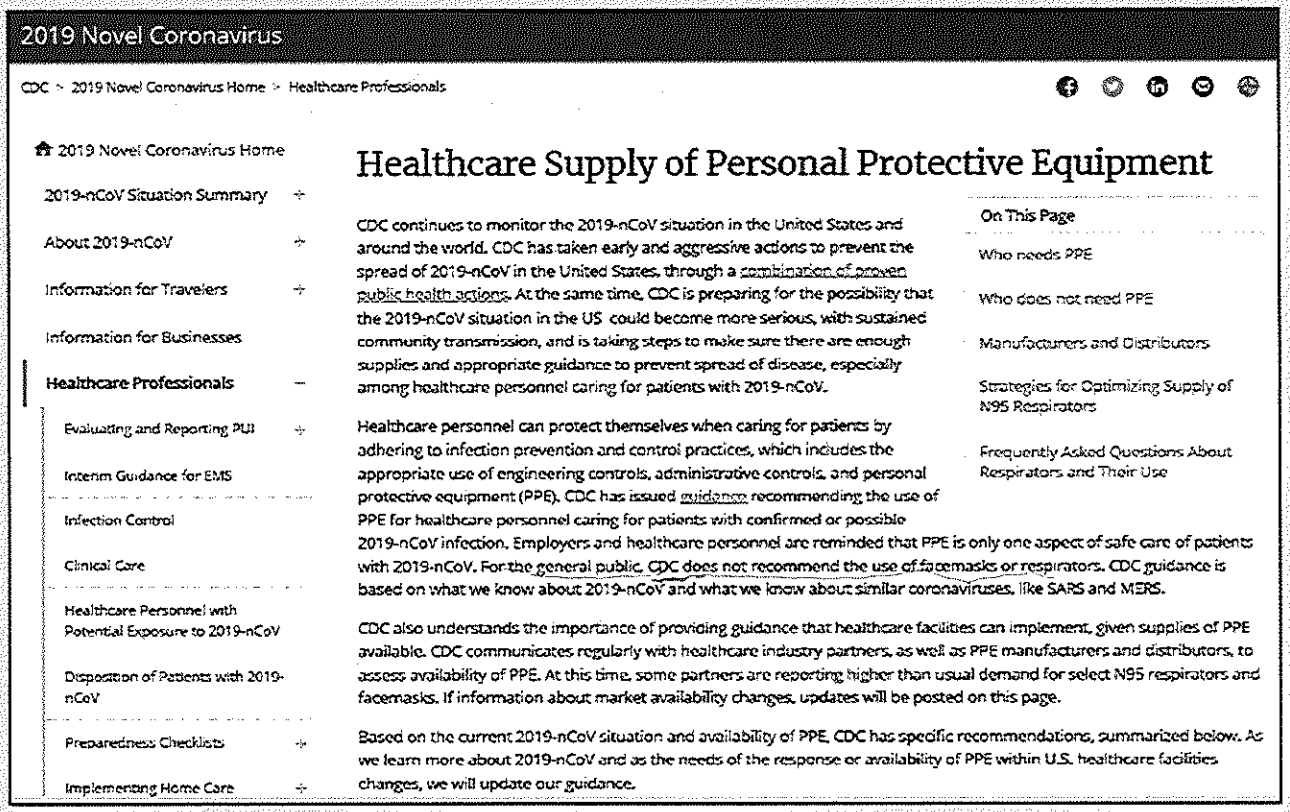


Reports from Manufacturers (+60%)	Reports from Distributors (+70%)	Healthcare Systems

• Increase in orders
• Most are surging (lines, staffing); ramp up time needed, surge planning underway
• Allocation strategies to fill global orders
• Global market:
  ▪ Raw materials
  ▪ Manufacturing in countries with limited/restricted exports
	• Increase in orders
	• Allocation strategies
	  • % of customer orders (80%-120%)
	  • Limiting sales to atypical buyers and non- healthcare customers
		Major hospital systems reporting:
		• Increase in orders
		• Accelerated burn due to fit testing
		• Not receiving full orders, stockpiling
		• Able to maintain operations, supply is tight
		• Estimated 1-14 week supply in stockpiles
		Urgent Care (non-system)
		• Increase in orders
		Pharmacies
		• +60% of large chains unable to meet store level demands
		• Stockouts, delays in resupply

*Aggregate qualitative assessment

Healthcare Supply chain information now posted on CDC website



2019 Novel Coronavirus

CDC > 2019 Novel Coronavirus Home > Healthcare Professionals

- 2019 Novel Coronavirus Home
- 2019-nCoV Situation Summary
- About 2019-nCoV
- Information for Travelers
- Information for Businesses
- **Healthcare Professionals**
  - Evaluating and Reporting PUI
  - Interim Guidance for EMS
  - Infection Control
  - Clinical Care
  - Healthcare Personnel with Potential Exposure to 2019-nCoV
  - Disposition of Patients with 2019-nCoV
  - Preparedness Checklists
  - Implementing Home Care

Healthcare Supply of Personal Protective Equipment

On This Page

- Who needs PPE
- Who does not need PPE
- Manufacturers and Distributors
- Strategies for Optimizing Supply of N95 Respirators
- Frequently Asked Questions About Respirators and Their Use

CDC continues to monitor the 2019-nCoV situation in the United States and around the world. CDC has taken early and aggressive actions to prevent the spread of 2019-nCoV in the United States, through a combination of proven public health actions. At the same time, CDC is preparing for the possibility that the 2019-nCoV situation in the US could become more serious, with sustained community transmission, and is taking steps to make sure there are enough supplies and appropriate guidance to prevent spread of disease, especially among healthcare personnel caring for patients with 2019-nCoV.

Healthcare personnel can protect themselves when caring for patients by adhering to infection prevention and control practices, which includes the appropriate use of engineering controls, administrative controls, and personal protective equipment (PPE). CDC has issued guidance recommending the use of PPE for healthcare personnel caring for patients with confirmed or possible 2019-nCoV infection. Employers and healthcare personnel are reminded that PPE is only one aspect of safe care of patients with 2019-nCoV. For the general public, CDC does not recommend the use of facemasks or respirators. CDC guidance is based on what we know about 2019-nCoV and what we know about similar coronaviruses, like SARS and MERS.

CDC also understands the importance of providing guidance that healthcare facilities can implement, given supplies of PPE available. CDC communicates regularly with healthcare industry partners, as well as PPE manufacturers and distributors, to assess availability of PPE. At this time, some partners are reporting higher than usual demand for select N95 respirators and facemasks. If information about market availability changes, updates will be posted on this page.

Based on the current 2019-nCoV situation and availability of PPE, CDC has specific recommendations, summarized below. As we learn more about 2019-nCoV and as the needs of the response or availability of PPE within U.S. healthcare facilities changes, we will update our guidance.

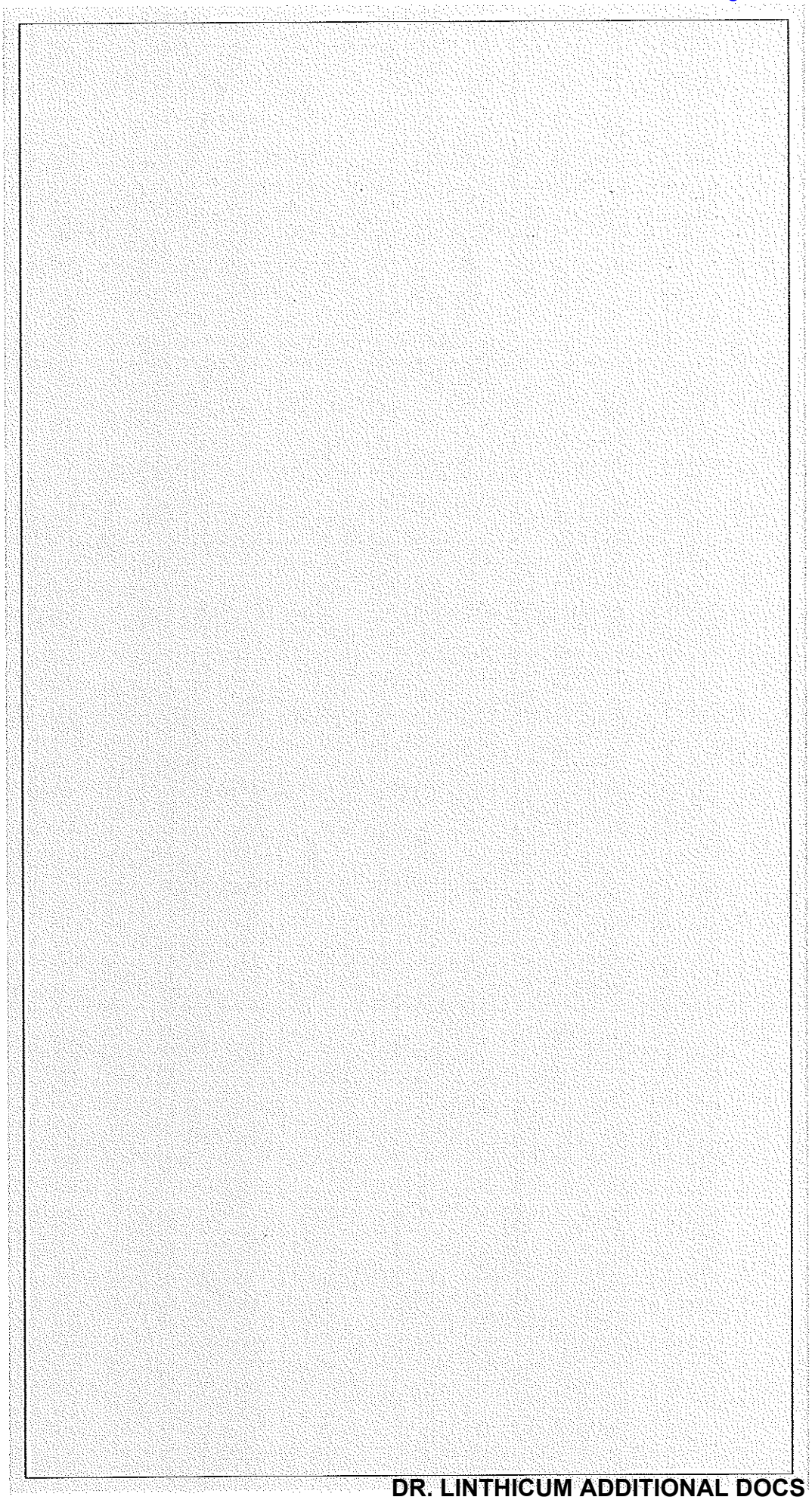
Strategies for Optimizing the Supply of N95 Respirators

On This Page

This document offers guidance on how to optimize supplies of N95 filtering facepiece respirators (commonly called "N95 respirators") in healthcare settings in the face of potential ongoing 2019 Novel Coronavirus (2019-nCoV) transmission in the United States. The recommendations are intended for use by professionals who manage respiratory protection programs, occupational health services, and infection prevention programs in healthcare institutions to protect healthcare personnel (HCP) from job-related risks of exposure to infectious respiratory illnesses.

Controlling exposures to occupational hazards is a fundamental way to protect personnel. Traditionally, a hierarchy of controls approach has been used to achieve feasible and effective control. Some of the control measures may fall into multiple categories. It should also be emphasized that multiple control strategies can be implemented concurrently and or sequentially. This hierarchy can be represented as follows:

- Elimination
- Substitution
- Engineering controls
- Administrative controls



February 28, 2020

Guidance Documents from TDEM and DSHS

Lannette Linthicum

om: Melissa Kimbrough
ent: Friday, February 28, 2020 11:04 AM
To: Lannette Linthicum
Cc: Chris Black-Edwards
Subject: FW: Novel Corona Virus 2019 State Agency Preparedness
Attachments: Biological Hazards Annex_ Draft.pdf; DSHS-Criteria-to-Guide-Evaluation-of-PUI.pdf; Ebola AAR 2015- DSHS Final.PDF; H1N1 AAR- DSHS Final.PDF; HCID Annex-DSHS 2017.pdf; LHDMonitoringGuidance-HealthcarePersonnel.pdf; RespiratoryVirusPlan_ DSHS 2015.pdf; ESF 8 - Public Health and Medical Annex.pdf; COVID-19 Exec Summary_Agencies (002).pdf; 2020 Texas Basic Plan Final.pdf; 2020 Emergency Management Annex ESF 5.pdf; 2020_16_01_Repatriation Annex.pdf

For informational purposes.

Melissa A. Kimbrough
TDCJ Emergency Management
W: 936.437.6038
C: 936.581.9848

From: Gisela Ryan-Bunger <Gisela.Ryan-Bunger@tdem.texas.gov>
Sent: Wednesday, February 26, 2020 11:47 AM
o: rattlerdad1@gmail.com; monty.black@dir.texas.gov; olivia.hemby@tahc.texas.gov; jeff.turner@tahc.texas.gov; jason.anderson@oag.texas.gov; jessica.debalski@redcross.org; Kathy Clark <Kathy.Clark@uss.salvationarmy.org>; jim.reaves@texasagriculture.gov; Melissa Kimbrough <Melissa.Kimbrough@tdcj.texas.gov>; Rhonda Lawson (rhonda.lawson@dps.texas.gov) <rhonda.lawson@dps.texas.gov>; brian.dodge@txdot.gov; michelle.havelka@tceq.texas.gov; michael.lyttle@tdhca.state.tx.us; cindy.wright@tdi.texas.gov; Sosa, Luis (TPWD) <luis.sosa@tpwd.texas.gov>; raoul.mann@twc.state.tx.us; Oettle,Sarah (HHSC) <Sarah.Oettle@hhsc.state.tx.us>; Cain, Keri (HHSC) <keri.cain@hhsc.state.tx.us>; Rachel A. Bauer <rabauer@ag.tamu.edu>; Weidler, Warren (County), TEEX <warren.weidler@teex.tamu.edu>; gmahlum@tfs.tamu.edu; srusing@txoga.org; richard.morse@txcourts.gov
Cc: Nim Kidd <Nim.Kidd@tdem.texas.gov>; Mike Miller <Mike.Miller@tdem.texas.gov>; Gabriela Stermolle <Gabriela.Stermolle@tdem.texas.gov>; Chris Earp <Chris.Earp@tdem.texas.gov>; Will Patton <Will.Patton@tdem.texas.gov>; Mario Chapa <Mario.Chapa@tdem.texas.gov>
Subject: Novel Corona Virus 2019 State Agency Preparedness

Dear Emergency Management Council Members:

As the state continue its preparedness efforts regarding the Novel Corona Virus, attached to this email are several planning documents/after action reviews each of your agencies have assigned esponsibilities/actions they are responsible for.

We strongly encourage you and your leadership teams to be familiar with these documents and the role and responsibilities assigned to each of your agencies as defined these this plans.

Please let me know if you have any questions or concerns and thanks for your continued support.

Regards,

Gisela Ryan-Bunger
Division Chief, Response
Texas Division of Emergency Management
O: 512-424-2271
M: 512-203-0156

March 9, 2020 – May 1, 2020

DSHS Daily Briefing

DSHS Briefings

March 9, 2020 - First invite for briefing received. Briefings were daily.

April 13, 2020 - Briefings changed to Monday and Friday

May 1, 2020 – Last invite received

March 11, 2020

Action Items from the March 11 Pandemic Flu Plan Meeting

Directive from the Executive Director's Office

ACTION ITEMS

Item Number	Item Description	Responsible Party
1.	TDCJ Pandemic Flu Plan updated.	Health Services Division
2.	All TDCJ units need to be stocked with adequate personal protective equipment (PPE).	CID, Emergency Management, ARRM and MAL
3.	Training on proper use of PPE with specific emphasis on the correct way to place and remove masks and gloves.	University Providers
4.	Clinical isolation and medical restriction management.	TDCJ Health Services Division Office of Public Health and University Providers
5.	Establishing a systemwide cleaning and housekeeping plan at all TDCJ units and offices. The cleaning schedule will include surface cleaning of various objects and surfaces per shift.	All divisions
6.	Employee and visitor screening for COVID-19.	All divisions
7.	Transportation precautions of offenders under investigation and offenders under monitoring.	Health Services Division, CID and PFCMOD
8.	Prison management/unit operations changes impacted by COVID-19 (e.g. incoming and outgoing chains; offender transports; county jail intakes; showering, feeding schedules, etc.).	CID, PFCMOD and Health Services Division
9.	Testing coordination with local public health authorities and DSHS.	Health Services Division
10.	Reporting of cases both suspect and confirmed.	Health Services Division and Emergency Management
11.	Medical supplies and equipment needed for pandemic flu.	Health Services Division and University Providers
12.	Workforce impact from COVID-19.	All divisions
13.	Screening procedures for counties where offenders do not spend 14 days in custody prior to transfer to TDCJ.	CID, Health Services Division and University Providers

Texas Department of Criminal Justice

Procedures Implemented in Response to COVID-19

March 11, 2020

The Texas Department of Criminal Justice (TDCJ) remains in continuous communication with the Center for Disease Control, the Texas Division of Emergency Management, the Texas Department of State Health Services, and its university healthcare providers to monitor developments associated with the spread of COVID-19. To ensure the health and safety of employees and offenders, the agency is implementing the following steps to prevent and mitigate the spread of the virus:

TRAVEL:

- Staff should limit any unnecessary domestic traveling.
- Agency travel should be limited unless it is an absolute necessity.
- Any international travel must be approved by the employee's division director, and if approved, the employee may be required to delay their return to work.

ILLNESSES:

- If an employee feels ill or is running a fever, they are advised to stay home.
- If an employee begins to feel ill at work, and they are assigned to an area where the Coronavirus has been confirmed, they will be required to complete the TDCJ COVID-19 Screening.
- Based on the completion of the Screening, if an employee appears to be ill, they will be sent home and will be required to submit a physician's note stating the employee is clear of any symptoms of COVID-19 upon returning to work.

VISITATION:

- Any units located within an "affected" county (list can be located https://dshs.texas.gov/coronavirus) will require visitors to complete the TDCJ COVID-19 Screening.
- Any visitors who reside in an "affected" county will be required to complete the TDCJ COVID-19 Screening.
- Should any visitor not meet the requirements, or demonstrates signs of illness, visitation will not be approved.

SANITATION:

- ALL staff are reminded to take proper housekeeping/cleaning steps both in their personal office space as well as their total work environments.
- Staff are asked to use good hygiene practices, frequently wash hands thoroughly, and refrain from touching their eyes, nose, and mouth.

The agency will continue monitoring the situation for as long as necessary and will provide additional communication if there are any new developments.

March 11, 2020

Pandemic COVID-19 Plan
Infection Disease Pan for COVID-19

Pandemic Viral Infectious Disease Policy for Novel Coronavirus (COVID-19)

March 2020

Texas Department of Criminal Justice

March 2020

Texas Department of Criminal Justice (TDCJ) Pandemic Viral Infection Response Stages

The TDCJ *Pandemic Viral Infection Plan* is patterned after the Federal Bureau of Prisons' plan. It is divided into the three stages that are used for standard contingency plans; in this plan, the three stages are designed to correlate with the Federal Government Response Stages for pandemic viral infection.

The Pandemic Viral Infection Response Stages are as follows:

- **PREPARATION** (Federal Response Stages 0–1). Most of the detail in this plan involves the preparation phase.
- **RESPONSE** (Federal Response Stages 2–5). This phase, which begins when it is announced that there are confirmed human outbreaks overseas, involves both making last-minute preparations and actually responding to pandemic viral symptoms.
- **RECOVERY** (Federal Response Stage 6). This phase involves recovering from the pandemic, evaluating actions taken during the pandemic, and preparing for more cases of viral infection. Based on what we know from previous pandemics, subsequent waves of cases of viral infection are likely to follow once the pandemic has subsided.

Federal Government Response Stages*		TDCJ Viral Infection Plan	
		Federal Stages	Stage
0	New domestic animal outbreak in at-risk country	0-1	PREPARATION
1	Suspected human outbreak overseas		
2	Confirmed human outbreak overseas	2-5	RESPONSE
3	Widespread human outbreaks in multiple locations overseas		
4	First human case in North America		
5	Spread throughout United States		
6	Recovery & preparation for subsequent waves	6	RECOVERY

* *The Federal Government Response Stages should not be confused with the World Health Organization phases of pandemic viral infection.*

Texas Department of Criminal Justice

March 2020

Table of Contents

Texas Department of Criminal Justice

March 2020

Overview

Starting now, every TDCJ institution should creatively and aggressively promote three health habits that interrupt viral infection transmission: regular hand hygiene, respiratory etiquette (coughing or sneezing into a sleeve or tissue); and avoiding touching one's mouth, nose or eyes).

This guidance provides general information about pandemic viral infection. In the event of a pandemic, specific guidance related to that event will be issued by the TDCJ Office of Public Health.

A Novel Coronavirus, designated as 2019-NCOV, emerged in Wuhan, China, at the end of 2019. Many of the initial patients in the outbreak had a link to a large seafood and live animal market in Wuhan, China, suggesting animal-to-person spread. Currently, person-to-person spread is occurring in multiple areas across China and other countries. The United States Centers for Disease Control and Prevention (CDC) currently reports **607** (as of 3:00pm 03/09/2020) cases in the United States. There are currently **13** cases in Texas with no evidence of community spread.

Coronavirus' are a large family of viruses. Some infect animals, some infect people, and a few infect both. In fact, seven are known to infect humans.

4 are common (229E, NL63, OC43 and HKU1

- Usually self limiting mild to moderate upper respiratory illness (like the common cold)
- Most people infected with a least one in their lifetime
- Detected on some standard respiratory illness panels

3 are rare (MERS-CoV, SARS-CoV & 2019-nCoV)

- Animal coronaviruses that infect people and then spread between people
- Can be more severe-pneumonia & life threatening illness
- Will not be identified on standard respiratory illness panels

How is a viral infection transmitted?

When people who are sick with the viral infection either cough or sneeze, they release infectious droplets that can enter another person's body through their eyes, nose, or mouth. Viral germs can spread through the air, up to six feet away from the sick person. Viral particles do not remain suspended in the air. However, if a person who is sick with the viral infection touches surfaces, such as telephones and door knobs, the surface can become contaminated with the virus. Other people then can become infected with the virus by touching the surface and then touching their eyes, nose, or mouth.

When can a person transmit these viral infections?

For the purposes of this guidance, the *infectious period* for viral infection is generally defined

as: one day before fever starts until 24 hours after fever ends. Some people may shed virus for a while longer; however, studies have shown that after fever resolves there is a significant reduction in the ability to transmit infection.

How long does it take for symptoms to develop?

The estimated *incubation period* (the time between acquiring viral infection and becoming ill) is generally up to 14 days for COVID-19. Symptoms likely appear as few as 2 days or as long as 14 days after exposure.

Surveillance

Surveillance refers to the process of detecting and tracking diseases. Surveillance for viral infection involves screening for viral infection symptoms (to rapidly identify viral infection patients and isolate them); and collecting, analyzing, and reporting data on individuals who are diagnosed with viral infection-like illness. TDCJ utilizes the following definition of viral infection-like illness:

Influenza-like illness (ILI): ILI is defined as fever *or feeling feverish/chills accompanied by either cough and/or sore throat (in the absence of a known cause other than influenza). Influenza-like illness is a fever of ≥ 100° F (37.8° C) oral or equivalent, with a cough and/or sore throat without a known case other than influenza. *It's important to note that not everyone with flu will have a fever.

During a pandemic of viral infection, ILI will be tracked utilizing the Electronic Health Record (EHR). On a daily basis, enter the offender's information into the EHR. This information will include the occurrence of: ILI, complicated ILI (requiring prescription medication or intravenous fluids), ILI related hospitalization, and ILI related deaths. This will allow all TDCJ units and the central and regional offices to closely track the occurrence of ILI within TDCJ facilities.

Infection Control

Infection control consists of practices that interrupt the spread of disease. A variety of measures to interrupt viral infection transmission are listed in *Table 1* below and discussed on the following pages.

Table 1. Pandemic Viral Infection Control Measures

1. Promote good health habits among employees and offenders:
   a. Regular hand hygiene
   b. Respiratory etiquette (coughing or sneezing into a sleeve or tissue)
   c. Avoiding touching one's eyes, nose, or mouth
2. Conduct **daily** environmental cleaning of "high touch" surfaces.
3. Separate the sick from the well.
   a. Advise employees to stay home from work if they are sick.
   b. Promptly identify and contain offenders with viral infection-like illness (ILI).
   c. Isolate or cohort offenders who are sick with pandemic viral infection.
   d. Conduct contact investigations for viral infection cases and medical restriction contacts.
4. Create "social distance" between people.
5. Use personal protective equipment (PPE) for close contact with viral infection cases.
6. If widespread viral infection transmission, consider targeted distribution of face masks (only with permission of the TDCJ Office of Public Health).
7. Provide ongoing infection control education.

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1. Promote good health habits among employees and offenders.

Critical to preventing viral infection transmission is a triad of good health habits, including:

a. Regular hand hygiene
b. Respiratory etiquette (coughing or sneezing into a sleeve or tissue)
c. Avoiding touching one's eyes, nose, or mouth

- Preparing for pandemic viral infection involves improving compliance with these basic infection control measures, *beginning now*. Each unit should assure that adequate supplies and facilities are available for hand washing for both offenders and employees.
- Health care workers should have access to alcohol-based hand rub provided in accordance with fire and safety rules. CDC has made no recommendations regarding the use of **Non-alcohol-based** hand rub but use of these products is presumably better than no hand hygiene at all. Provision of **Non-alcohol-based** hand rub via dispensers should be considered in key areas that lack facilities for hand washing, i.e., outside the dining hall, in the visitor area, and office entrances, etc.
- Provisions should be made for employees and visitors to wash their hands **before** and **after** they enter the unit. The triad of good health habits should be promoted in various ways, i.e., educational programs, posters, campaigns, assessing adherence with hand hygiene, etc.

2. Conduct frequent environmental cleaning of "high-touch" surfaces.

Another general infection control measure is to routinely clean surfaces that are frequently touched and therefore can become contaminated with germs. The TDCJ Office of Public Health is recommending cleaning procedures at every shift, on a daily basis. These can include doorknobs, keys, hand rails, telephones, computer keyboards, elevator buttons, offender cell bars, etc. Increasing the frequency of environmental cleaning of these surfaces is something that also can be started now, thereby preventing transmission of infections such as the common cold, seasonal influenza and MRSA. Some facilities have increased environmental cleaning of high-touch surfaces by increasing the number of offender workers assigned to this duty. Other housekeeping/cleaning recommendations may be found in Correctional Managed Health Care (CMHC) Policy B-14.26 Attachment D.

3. Separate the sick from the well.

Transmission of pandemic viral infection can be prevented by separating those who are ill from those who have not been infected. In the event of pandemic viral infection, several measures should be implemented to separate the sick from the well. Below in *Table 2* are definitions of two important terms related to separating the sick from the well and that are frequently confused with each other.

Table 2. Definitions of "Isolation" and "Medical Restriction"
Isolation: Confining individuals who are **sick with viral infection** (ILI cases) either to single cells or by cohorting them with other viral infection patients.
Medical Restriction: Confining asymptomatic persons who are **contacts of viral infection cases**, while they are in the incubation period (until 4 days after exposure ended for flu and 14 days for Coronavirus).

The following measures are recommended to separate the sick from the well.

a. Advise employees to stay home from work if they are sick.

The most likely way that pandemic viral infection will gain entrance to a TDCJ unit is via infected employees. In the event of pandemic viral infection, staff should be educated to stay home if they have viral infection symptoms. If employees become sick at work, they should be advised to promptly report this to their supervisor and go home. In general, the timetable for returning to work is 24 hours after a person's temperature returns to normal.

b. Promptly identify and contain offenders with viral influenza-like illness (ILI).

Prompt identification and isolation of offenders with ILI is critical. During the course of pandemic viral infection, *all* offenders should be screened at intake, based upon guidance from the TDCJ Office of Public Health. If ILI is circulating within the institution, offenders should be screened at triage/sick-call and prior to transfer or daily transport. In addition, all staff should be advised to report if any offenders are symptomatic.

Immediately place a face mask on all offenders who are identified as having ILI symptoms (if it can be tolerated). They should be isolated or cohorted with other sick offenders (see below).

Screening at intake: The screening of offenders upon arrival should be adapted to the particular situation at each unit, with the goal of keeping new arrivals segregated from other offenders, until the screening process has been completed. Screening should be conducted utilizing the *Viral Influenza-Like Illness Screening Form (Attachment 1)*.

Screening at triage/sick-call: If ILI is circulating within the institution, offenders at sick-call should be asked about ILI symptoms; if symptoms are present, these offenders should be asked to wear a face mask and be physically separated from offenders presenting to sick-call for other reasons.

Screening of transfers and daily transports: If ILI is circulating within the institution, offenders should be screened for ILI prior to transport. If ILI is identified in an offender, in general, their transfer or transport should be postponed until the offender has been fever-free for 24 hours (without fever-reducing medication).

c. Isolate or cohort offenders who are sick with pandemic viral infection.

A critical infection control measure for pandemic viral infection is to promptly separate offenders who are sick with viral infection symptoms away from other offenders in the general population. Offenders can be *isolated* in single cells. Alternatively, groups of sick offenders can be *cohorted* together in a separate unit.

Cells/Cell Blocks where offenders with ILI are either housed alone or cohorted should be designated as "Viral Infection Isolation Cell/Unit" (see *Attachment 2*). In general, no special air handling is needed. Depending on how ill the offenders are, bunk beds may or may not be suitable. Ideally, the housing area should have a toilet and sink attached. If not, offenders will have to wear a face mask to go to the bathroom outside the cell. The door to the Viral infection Isolation Cell/Unit should remain closed. A sign should be placed on the door of the room indicating that it is an Viral infection Isolation Cell/Unit and listing recommended personal protective equipment (PPE) (see *Attachment 3*).

Within Viral infection Isolation Cell/Unit, Standard Precautions should be followed. The type of respiratory protection required (i.e., face mask) will be based on guidance from the TDCJ Office of Public Health during the pandemic.

If the offender with ILI must be taken out of isolation, a face mask should be placed on the sick offender to reduce the risk of spray through cough or sneeze.

If the offender with ILI must undergo a procedure that is likely to generate aerosols (e.g., suctioning, administering nebulized medications), then an airborne infection isolation (AII) room with negative pressure and 6 to 12 air changes per hour, is indicated. A respirator, eye protection (goggles or face shield), and a gown should be worn during patient care activities that are likely to generate splashes and sprays of blood, body fluids, secretions, or excretions, e.g., suctioning or nebulizer treatments.

In large dorm settings, isolation may not be a possibility. If isolation is not feasible, attempt to place the beds of sick offenders at a distance of at least 6 feet from other offenders. It is recognized that if there is widespread viral infection transmission within a unit, isolation as a strategy may not be feasible.

d. Conduct contact investigations for viral infection cases and medically restrict contacts.

It may be appropriate to identify close contacts to pandemic viral infection cases and medically restrict them in a separate unit. The purpose of medical restriction is to assure that offenders who are known to have been exposed to the virus are kept separate from other offenders to assess whether they develop viral infection symptoms. For the purposes of this document, exposure is defined as having been in a setting where there was a high likelihood of contact with respiratory droplets of a person with ILI. Examples of close contact include

sharing eating or drinking utensils, or any other contact between persons likely to result in exposure to respiratory droplets. Close contact typically does not include activities such as walking by an infected person or sitting across from a symptomatic patient in a waiting room or office.

Within correctional facilities, the duration of medical restriction during pandemic viral infection is 4 -14 days depending on the TDCJ Office of Public Health's guidance. As feasible, the beds/cots of medically restricted offenders should be placed at least 6 feet apart. Medically restricted offenders should be restricted from being transferred, having visits, or mixing with the general population. A surgical face mask is recommended for staff who are in direct, close contact (within 6 feet) of medically restricted offenders.

Note: Once multiple viral infection cases occur within multiple housing units, a decision may be made to abandon contact investigation and the subsequent medical restriction of contacts. In this case, everyone in the facility has become a "contact," and contact investigation and medical restriction are no longer useful or appropriate control strategies.

4. Create "social distance" between people.

In the general community, an important method for preventing pandemic viral infection transmission will be to increase the distance between people by instituting various "social distancing" measures, e.g., closing schools, theaters, and churches; staggering work schedules; discouraging use of public transportation, etc. While "social distancing" is more difficult to accomplish in a correctional setting, there are possible interventions.

Social distancing measures in correctional facilities could include:

- limiting gatherings (group meals, religious services, work, classes, recreation, common areas)
- ending visitation
- halting entrance to volunteers and contractors
- discouraging shaking of hands, etc.
- Individual cell blocks can be taken separately to recreation and the dining hall with thorough environmental cleaning in between.
- Each local pandemic viral infection planning committee should identify ways to accomplish social distancing within their facility.

With the occurrence of multiple cases of viral infection, lock-down of offender dormitories, buildings, and entire institutions should be considered on a case-by-case basis, in consultation with the TDCJ Office of Public Health.

5. Use personal protective equipment for close contact with viral infection cases.

Anyone who is working in close contact with pandemic viral infection cases should be provided personal protective equipment.

a. **Respiratory Protection:** Face masks (not respirators) are recommended for use with viral

infected offenders because the primary mode of viral infection transmission is droplet spread (not airborne). Respirators are generally utilized to protect against small airborne particles, e.g., with tuberculosis patients.

Table 3. Updated Definitions of "Face Masks" and "Respirators" (CDC-2009)
Face Masks: Disposable FDA-approved masks, which come in various shapes and types (e.g., flat with nose bridge and ties, duck billed, flat and pleated, pre-molded with elastic bands). They include the following categories of masks: surgical, dental, medical procedure, and laser.
Respirators: N-95 or higher filtering, face-piece respirators that are certified by CDC/NIOSH.

In the event of a pandemic viral infection, the use of respirators may be indicated, based on guidance from the CDC and the TDCJ Office of Public Health. Respirators should be worn in situations in which the virus may be aerosolized, including aerosol-generating procedures (such as endotracheal intubation, nebulizer treatments), resuscitation of a patient, or when providing direct care to a patient with confirmed or suspected viral infection-related pneumonia.

b. **Gloves:** Healthcare personnel caring for patients should wear gloves for all interactions that may involve contact with the patient or potentially contaminated areas in the patient's environment. If gloves are worn, perform hand hygiene before donning and after removing gloves.

c. **Eye protection and gowns** should be worn by health care personnel when spray or splash or body fluids, secretions, or excretions is anticipated, e.g., suctioning, administering nebulized medication. Eyeglasses are *not* sufficient for eye protection. Appropriately fitted, indirectly vented goggles with a manufacturer's anti-fog coating provide the most reliable, practical eye protection from respiratory droplets, and they come in styles that can be fitted over eye glasses. Face shields can be used as an infection control alternative to goggles.

d. **Face masks** are the recommended personal protective equipment when in close contact (within 6 feet) of medically restricted offenders (housing of asymptomatic contacts who have been exposed to ILI). Face masks do not require fit-testing. Face masks also should be placed on persons with ILI to prevent droplet spread, i.e., during transport.

6. If widespread viral infection transmission, consider targeted distribution of face masks.

It is unknown whether the targeted distribution and use of face masks during a pandemic viral infection outbreak will interrupt the spread of viral infection. Because of the close contact between people in correctional facilities, face masks should be obtained for distribution to employees and offenders in the event of pandemic viral infection. Permission must be obtained from the TDCJ Office of Public Health prior to targeted distribution of face masks.

7. Provide ongoing infection control education.

Successful response to pandemic viral infection will depend greatly on strong education efforts prior to and during an actual event. The education for pandemic viral infection control is closely related to other important infection control education for correctional facilities. Education about hand hygiene, respiratory etiquette, and environmental cleaning provides benefits to offenders and employees with regard to a variety of infectious diseases. Infection control education should be ongoing— the more the better. Using a variety of media (posters, newsletters, video) increases the likelihood that employees and offenders will comply with infection control recommendations.

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Action Steps by Pandemic Stage

Preparation (Federal Response Stages 0–1)
(See Correctional Managed Health Care Policy B-14.20 Standard Precautions, which are provided for the Preparation stage only.)

1. Identify a staff person to be responsible for viral infection surveillance and infection control.
2. Increase emphasis on good health habits to stop viral infection transmission, especially hand washing, respiratory etiquette, and avoiding touching the eyes, nose, and mouth.
   a. Make soap dispensers or hand soap available in all employee and offender restrooms.
   b. Institute a plan to assure that soap dispensers are refilled regularly.
   c. Assure that offenders have an adequate supply of bar soap.
   d. Provide education to employees and offenders on hand hygiene, respiratory etiquette, and avoiding touching the eyes, nose, and mouth.
   e. Maximize access to alcohol-based hand rub dispensers in the Medical Unit.
   f. Regularly assess the hand hygiene practices of employees and offenders, and design measures to improve hand hygiene.
   g. Assure that employees and visitors can wash their hands when entering and leaving the facility.
3. Emphasize frequent cleaning and disinfection of high-touch areas, i.e., doorknobs, keys, telephones.
4. Identify resources for viral infection surveillance and control.
   a. Track international, national, regional, and local viral infection trends.
   b. Identify public health department contacts for viral infection (including 24/7 contact information).
   c. Communicate with your local health department and discuss collaboration on pandemic viral infection preparedness.
   d. Identify any local or state reporting requirements for viral infection/pandemic viral infection.
   e. Identify laboratories capable of processing viral infection cultures and cultures for novel (pandemic) viral infection.
5. Begin tracking viral infection trends by conducting surveillance for *seasonal* viral infection.
6. Establish procedures for viral infection screening to be utilized with pandemic viral infection.
7. Identify administrative measures to accomplish "social distancing."
8. Identify areas within the facility that can be used for isolation and medical restriction.
9. Develop plans for stockpiling and distributing infection-control supplies.
10. Provide routine training about viral infection transmission and prevention and control measures.
11. Conduct mock exercises related to surveillance and infection control in pandemic viral infection.

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Response (Federal Response Stages 2-5)

Begin when there are confirmed human outbreaks of pandemic viral infection anywhere in the world:

1. Reinforce education regarding viral infection control. Emphasize the triad of good health habits: hand hygiene, respiratory etiquette, and not touching the eyes, nose, and mouth.
2. Consider placement of dispensers of non-alcohol hand rub in key areas that lack facilities for hand washing, i.e., outside the dining hall, in the visitor area, and office entrances, etc.
3. Increase environmental cleaning of "high-touch" surfaces, e.g., doorknobs, keys, telephones, computers.
4. Educate employees and visitors not to come to the facility if they have viral infection symptoms.
5. Assess adequacy of infection-control supplies (including face masks, respirators, and gloves) and review distribution plan.
6. If indicated by the TDCJ Office of Public Health, provide respirator fit-testing, medical evaluation, and training to any employees who may be assigned to have contact with offenders with viral infection—in Viral infection Isolation Cells/Units or for transport.
7. Initiate screening for viral infection-like illness at intake and in triage/sick-call.
8. Conduct active surveillance to look for viral infection cases (i.e., review temperature logs, triage/sick call, hospitalizations, staff absences, unexplained deaths, etc.).
9. On a daily basis, enter into the EHR: cases of ILI, complicated ILI, ILI-related hospitalizations, and ILI-related deaths. Produce regular reports on the status of ILI within the institution for both institution and central office leadership.
10. Review possible measures to increase "social distancing."
11. Review/revise the list of designated viral infection isolation and medical restriction units, and develop options for expanding bed-space as needed.
12. Advise health care workers to report any unprotected close contact with persons with ILI (either at work or at home).

Begin after a suspected pandemic viral infection case is diagnosed in the facility:

13. Immediately isolate (or cohort) offenders with viral infection-like illness in "Viral infection Isolation Cells/Units".
    a. Reinforce education of staff on infection control procedures to follow when caring for viral infection patients.
    b. Assure that adequate infection-control supplies and personal protective equipment, i.e., face masks, respirators, and gloves, are available.
    c. Place precaution signs on the doors of Viral infection Isolation Cells/Units.
14. If there is viral infection transmission in the facility, begin screening all transfers and daily transports for ILI.
15. Perform triage at sick-call to rapidly identify offenders with viral infection symptoms

and implement procedures for separating the sick from the well.

16. Conduct contact investigations of the initial viral infection cases that have been identified, and medically restrict contacts. Place medically restricted precaution sign on the doors and assure an adequate supply of face masks. Implement daily temperature and signs and symptoms check. Immediately isolate any offenders that develop ILI symptoms.

    Note: *If there are multiple pandemic viral infection cases in multiple housing units, implementing contact investigations and medical restrictions may be inappropriate and abandoned as a strategy.*

17. Implement measures to increase social distancing.

18. Continue staff and offender training on infection control.

19. Monitor adherence to infection control guidelines.

20. Monitor daily use of infection control supplies and conduct daily inventory control.

Recovery (Federal Response Stage 6)

Previous viral infection pandemics have been associated with subsequent "waves" of viral infection after an initial wave resolves. After an initial pandemic viral infection outbreak, subsequent outbreaks are likely. The recovery period will involve both recovering from the pandemic emergency, evaluating the healthcare and facility response to it, and preparing for subsequent waves of pandemic viral infection.

1. Maintain surveillance for viral infection (to detect subsequent waves of pandemic viral infection).

2. Evaluate the effectiveness of surveillance and infection-control measures during the pandemic viral infection and summarize observations.

3. Evaluate the adequacy of infection control supplies and the need for restocking.

4. Restock infection control supplies.

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Attachment 1. Viral Influenza-Like-Illness (ILI) Screening Form

This form is designed to screen offenders for viral infection-like illness. If pandemic viral infection is circulating outside the facility, then all intakes should be screened. If pandemic viral infection has been identified within the facility then screening should occur at triage/sick-call and prior to all transfers/transports.

Date ___/___/____ **Time:**___:___

SUBJECTIVE/OBJECTIVE

1. **Temperature**_____Date of onset:____/___/___
2. **Do you have any of the following symptoms:**
   - ☐ Cough
   - ☐ Sore Throat
   - ☐ None of the above
3. **In last 4 days, have you had close contact with anyone with viral infection symptoms** (fever, cough, sore throat)?
   ☐ No ☐ Yes
   Describe: _____
4. **Level of awareness:** ☐ Alert ☐ Confused ☐ Lethargic
   Oriented to: ☐ Person ☐ Time ☐ Place

ASSESSMENT

☐ **Individual meets criteria for viral infection-like illness (ILI).**
ILI is defined as: *temperature greater than* 100° F (37.8° C) *and presence of cough or sore throat.*

☐ **Asymptomatic offender with history of close contact with someone with ILI**

☐ **Absence of viral infection symptoms**

☐ **Other:** _____

PLAN

☐ No viral infection-related restrictions

If clinical criteria for ILI met (see Assessment above):

☐ Provide offender with face mask

☐ Transport offender to Viral infection Isolation Cell/Unit

☐ Educate offender about: ☐ Use of mask ☐ Disposal of mask ☐ Cover cough/sneezes ☐ Hand washing

If history of recent ILI exposure:

☐ Medically restrict in Cell/Unit (for 4 days)

Date:	Staff Signature & Stamp:
Institution:	Patient Identification:

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Attachment 2
Pandemic Viral Infection Precautions – Health Care Settings

The following precautions should be used in conjunction with *Standard Precautions* (see *CMHC Policy B-14.20*) when in contact with *patients suspected of having pandemic viral infection.*

Components	Recommendations
Hand hygiene	• **Hand hygiene is the number one defense.** Wash hands for 15–20 seconds. • Includes using plain or antimicrobial soap and water, or alcohol-based products. • Perform hand hygiene after touching blood/infectious body fluids, secretions, excretions, and contaminated items; after removing gloves; and in-between patients. • Use soap and water if hands are visibly soiled or have touched respiratory secretions. • Wash hands prior to putting on personal protective equipment (e.g., respirator or gloves), and after removing any protective devices. Avoid touching the outside of a contaminated device.
Safe work practices	• Avoid touching eyes, nose, mouth, or exposed skin with hands (gloved or ungloved). • Avoid touching surfaces (e.g., door knobs, keys, light switches) with contaminated gloves or other personal protective equipment that is directly related to patient care.
Respiratory etiquette	• Promote coughing or sneezing into one's sleeve or crook of elbow (rather than hands). • Provide tissues and no-touch (open) trash container.
Patient waiting areas	• Implement system to identify/triage offenders with viral infection-like illness (ILI). • Spatially separate offenders with ILI from others. Place face mask on offenders with ILI.

Patient placement	• ***Viral Infection Isolation Units:***
	  • Isolate offenders with ILI in a private room or *cohort* groups of offenders with ILI in a specifically established, multi-bed unit.
	  • No special air handling is required. *Exception:* If aerosol-generating procedures are performed, an airborne-infection isolation (negative pressure) room is recommended.
	  • Post sign indicating "Viral Infection Isolation Unit" with appropriate PPE (*Attachment 3*).
	  • Depending upon how ill the offenders are, bunk beds may not be suitable.
	  • Keep the door closed. Ideally, have the bathroom attached to the room.
	  • Wear fit-tested respirator or face mask (based on Medical Director guidance) and gloves for touching contaminated surfaces. For additional PPE recommendations, see page 2 of this table.
	  • If feasible, have ILI patients wear a face mask when in close contact with workers.
	• ***Isolation Duration:*** Isolate until 24 hours after fever resolved. In Medical Referral Centers, isolate for 7 days after symptom onset or until symptoms resolved (whichever is longer).
	• ***Note:*** See 2nd page for recommendations about medical restriction of offenders who are exposed to ILI.

Staffing	• Limit the number of caregivers per offender. Ideally, staff caring for offenders with ILI are not assigned to take care of offenders with other (non-viral infection-related) health care problems. • Staff with symptoms of viral infection-like illness should not come to work. • Asymptomatic health care workers who have had an unprotected exposure to an individual with ILI (at home or at work) should report their exposure to their supervisor. In general, exposed health care workers should not work with patients at high risk for viral infection complications–for the 4 -14-day period after exposure ended–unless they receive post-exposure antiviral prophylaxis.
Visits/social	• No visitation/social gatherings. Create as much distance as possible between people.
Patient transport	• Limit patient movement outside of the Viral Infection Isolation Unit to medically necessary purposes. • Have the patient wear a face mask (without an exhalation valve) when outside the unit. If mask can't be tolerated, apply most practical measures to contain respiratory secretions, e.g., handkerchief over nose/mouth, etc. • Patients should wash hands before leaving the unit and after a mask is removed.
Transport vehicles	• Transporters should wear a face mask or a fit-tested respirator (based on guidance from the Medical Director). Wash hands afterwards. • Optimize vehicle ventilation to increase the volume of air exchange during transport. • Routinely clean the vehicle with an EPA-disinfectant following the transport.

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Attachment 2
Pandemic Viral Infection Precautions – Health Care Settings

Components	Recommendations
Personal Protective Equipment (PPE) for Viral Infection Isolation Units	
The PPE guidelines listed directly below apply only to Viral infection Isolation Units, <u>not</u> Medical Restriction Units. **➔ Careful placement of PPE *before* patient contact will avoid the need to make adjustments and risk self-contamination during use.**	

Respiratory Protection
The use of face masks vs. respirators in a pandemic will be based on guidance from the Medical Director.
	• ***Face masks or respirators (N-95 or higher filtering) should be worn when inside an Viral infection Isolation Unit*** (based on guidance from the Medical Director).
	  • Respirators must be worn in the context of an OSHA Respiratory Protection Program (29 CFR 1910.034).
	  • Medical evaluation, training, and fit-testing of respirators are required prior to initial use.
	  • Respirators cannot be used with facial hair.
	  • Respirators are provided at no cost to the employee.
	• ***General guidance regarding respirator use:***
	  • Wash hands prior to donning and after removing mask or respirator.
	  • To reduce spread of germs, do not leave dangling around the neck.
	  • Respirators are not needed when using "food slot."
	  • Respirators should be disposed of if: the respirator becomes physically damaged; the integrity of the respirator is impaired; or the respirator becomes potentially contaminated during an aerosol generating procedure (e.g., nebulizer treatment or suctioning) or when in close contact with a patient who fails to cover a cough or sneeze. There is no need to dispose of respirator if merely walking through Viral infection Isolation Unit, e.g., for census count.
	  • Respirators should be individually stored in a clean and dry container or plastic bag, stored to prevent damage to the respirator, and labeled with the name of the staff person to whom it is assigned. Otherwise the respirator should be disposed of at the end of a shift.
	• ***If respirators are in short supply***, they should be prioritized for situations associated with higher risk for transmission, e.g., aerosol-generating procedures (e.g., suctioning, nebulizer treatments); resuscitation of a patient; providing direct care to a patient with confirmed or suspected pneumonia who might produce larger-than-normal amounts of secretions when coughing.
	• ***If there is a significant shortage of respirators***, CDC indicates that face masks may be considered an alternative to respirators.

Gloves	Gloves should be worn for all interactions that may involve contact with the patient or potentially contaminated areas in the patient's environment. Gloves should be worn when picking up meal trays used by ill offenders. Wash hands after removing gloves.
Gowns & Eye Protection	Gowns and eye protection should be worn if spray or splash of body fluids (including respiratory secretions) is anticipated, i.e., suctioning or nebulizer treatments. Eye protection consists of appropriately fitted, indirectly vented goggles or a face shield. Eye glasses are not sufficient.
Guidelines for Viral Infection Medical Restriction Cells/Units	
Medical Restriction (ILI-exposed offenders with no symptoms)	• House offenders exposed to a person with suspected pandemic viral infection (no ILI symptoms) in a designated Viral infection Medical Restriction Cell/Unit, with beds/cots 3–6 feet apart, as feasible. • Restrict contact with non-exposed persons. • If asymptomatic, release after 4 days (unless re-exposure occurs). • A face mask—not a respirator—is recommended when in close contact (within 6 feet). • Monitor for temperature and viral infection signs and symptoms at least daily. • Medical restriction may be unrealistic if pandemic viral infection becomes widespread.

Attachment 3. Precaution Signs for Viral infection Isolation and Medical Restriction

The signs on the following two pages should be posted when utilizing a room for isolation or medical restriction:

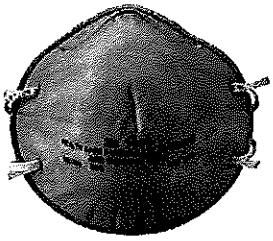
- **Viral Infection Isolation Unit** sign should be used for rooms housing one or more offenders with viral infection- like illness.
- **Viral Infection Medical Restriction** sign should be used for rooms housing asymptomatic offenders who have been exposed to ILI.

Viral Infection Isolation

Housing for offenders with viral infection-like illness— to separate sick offenders from offenders who are well

PRECAUTIONS:

1. Use: ☐Respirator or ☐Face Mask



- N-95 or better

2. Use gloves:

- For direct patient contact or contact with contaminated items.

3. Use eye protection/gowns:

- If splash or spray of body fluids is anticipated, e.g., suctioning or nebulizer treatments.
- Eye protection requires either goggles or face shield.

4. Perform hand hygiene frequently:

- Always before entering and when leaving room.
- After removing gloves.

5. Discontinue isolation…

- 24 hours after temperature remains normal (without fever-reducing medication).
- ***For Medical Referral Centers only:*** Discontinue isolation 7 days after onset of symptoms or when symptoms are resolved, whichever is longer.

Viral Infection Medical Restriction

Housing for asymptomatic offenders who have been exposed to viral infection-like illness—to separate them from offenders who are either sick or have not been exposed

PRECAUTIONS:

1. Wear a face mask:

(not a respirator)

- Only if close contact with Medical Restrictiond offenders (within 6 feet) is anticipated.
- No fit-testing is required.

2. Perform hand hygiene frequently:

- Always before entering and when leaving room.

3. Discontinue isolation…

- Isolation can be discontinued (4 days if influenza; 14 days if Coronavirus) after the exposure to viral infection-like illness ended, unless symptoms develop.
- If symptoms develop, isolate offender in a *Viral infection Isolation Unit.*

March 12, 2020

Media Services Request for Video Demonstrating Proper Donning and Doffing of PPE

Lannette Linthicum

om: Stephen Saffle
ent: Thursday, March 12, 2020 2:49 PM
To: Lannette Linthicum
Cc: Chris Black-Edwards
Subject: RE: Video Content for COVID-19

Thank you, ma'am!

I'm in my Austin office today, but John Rhine from my video content team will be in 141 to meet her and get the videos. Appreciate you guys!

Stephen Saffle
Digital Content Manager
Communications Department
Texas Department of Criminal Justice
Office: 936-437-6398
Cell: 936-581-7872

From: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>
Sent: Thursday, March 12, 2020 2:14 PM
To: Stephen Saffle <Stephen.Saffle@tdcj.texas.gov>
Cc: Chris Black-Edwards <Chris.Black-Edwards@tdcj.texas.gov>
bject: Re: Video Content for COVID-19

Chris,
My deputy will deliver them to you this afternoon. She will be in room 141 for a 3:00 PM meeting. Her name is Chris Black-Edwards.

Lannette Linthicum, M.D., CCHP-A, FACP
Director, Health Services Division
Texas Department of Criminal Justice
Phone: (936) 437-3542

From: Stephen Saffle <Stephen.Saffle@tdcj.texas.gov>
Sent: Thursday, March 12, 2020 2:01:31 PM
To: Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>
Subject: Video Content for COVID-19

Good afternoon, Dr. L.,

Just following up on our conversation yesterday afternoon. Have you heard anything from UTMB on their video content? If not, our team is prepared to produce our own content. We just need to make sure we are hitting the points you need us to hit.

If you would like us to go ahead and do that, let me know, and if you'll give me a contact person that could give me the etails on things like proper handwashing, proper surface cleaning, etc., I'll get the ball rolling.

Appreciate you!

Stephen Saffle
Digital Content Manager
Communications Department
Texas Department of Criminal Justice
Office: 936-437-6398
Cell: 936-581-7872

March 17, 2020

Letter to the Governor's Office Requesting a Waiver of the Health Care Services Fee

Lannette Linthicum

om: Jason Clark
ent: Tuesday, March 17, 2020 2:42 PM
To: Allegra Hill
Cc: Bryan Collier; Kristen Worman; Lannette Linthicum
Subject: Health Care Fee Waiver

Ms. Hill,

The Texas Department of Criminal Justice (TDCJ) has implemented numerous measures to protect the health and safety of employees and the offender population from the threat posed by the novel coronavirus (COVID-19), to include temporarily suspending visitation at all TDCJ facilities. Many actions taken by the agency reflect longstanding policies and procedures regarding infectious diseases that have been employed for the purpose of both prevention and mitigation. However, given the nature of the threat posed by COVID-19, additional measures have been implemented and continue to be evaluated.

Please consider this correspondence as our formal request for permission to temporarily suspend imposition of the inmate fee for health care authorized by Section 501.063. Texas Government Code (for ease of reference, it is posted below). Although no offender is denied access to health care due to an inability to pay, it is especially critical in the close confines of the prison environment that offenders experiencing any symptoms of COVID-19 seek immediate medical attention. Temporarily suspending the health care fee for all visits to a health care provider will encourage timely reporting of medical concerns that health care staff can appropriately diagnose considering the threat presented by COVID-19.

It should be noted that this request is not made in response to any identified infection among TDCJ staff or the offender population. At this time there is no indication that any TDCJ employee or offender has contracted the disease.

I appreciate your office's consideration of our request. Please let me know if any additional information regarding this matter is needed.

As always, this agency will remain diligent in its efforts to ensure staff, offender and public safety.

Jason Clark
Chief of Staff
Texas Department of Criminal Justice
Office: 936-437-6726
Fax: 936-437-6299

Sec. 501.063. INMATE FEE FOR HEALTH CARE. (a)(1) An inmate confined in a facility operated by or under contract with the department, other than a halfway house, who initiates a visit to a health care provider shall pay a health care services fee to the department in the amount of $13.55 per visit, except that an inmate may not be required to pay more than $100 during a state fiscal year.

(2) Repealed by Acts 2019, 86th Leg., R.S., Ch. 1046 (H.B. 812), Sec. 2, eff. September 1, 2019.

(3) The inmate shall pay the fee out of the inmate's trust fund. If the balance in the fund is insufficient to cover the fee, 50 ercent of each deposit to the fund shall be applied toward the balance owed until the total amount owed is paid.

(b) The department shall adopt policies to ensure that before any deductions are made from an inmate's trust fund under this section, the inmate is informed that the health care services fee will be deducted from the inmate's trust fund as required by Subsection (a).

(c) The department may not deny an inmate access to health care as a result of the inmate's failure or inability to pay a fee under this section.

(d) The department shall deposit money received under this section in an account in the general revenue fund that may be used only to pay the cost of correctional health care. At the beginning of each fiscal year, the comptroller shall transfer any surplus from the preceding fiscal year to the state treasury to the credit of the general revenue fund.

March 20, 2020

Governor Suspends Health Care Services Fee

Lori Brewer

From: Lannette Linthicum
Sent: Sunday, June 7, 2020 4:22 PM
To: Lori Brewer
Subject: Fwd: Health Care Fee Waiver

Please print and place with depo materials
Lannette Linthicum, M.D., CCHP-A, FACP
Director, Health Services Division
Texas Department of Criminal Justice
Phone: (936) 437-3542

From: Allegra Hill <Allegra.Hill@gov.texas.gov>
Sent: Friday, March 20, 2020 2:46:45 AM
To: Jason Clark <Jason.Clark@tdcj.texas.gov>
Cc: Bryan Collier <bryan.collier@tdcj.texas.gov>; Kristen Worman <Kristen.Worman@tdcj.texas.gov>; Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>; Sallie Bentley <Sallie.Bentley@gov.texas.gov>; Nan Tolson <Nan.Tolson@gov.texas.gov>; John Wittman <John.Wittman@gov.texas.gov>
Subject: RE: Health Care Fee Waiver

Mr. Clark:

The Office of the Governor is in receipt of the request of the Texas Department of Criminal Justice (TDCJ) to temporarily suspend Section 501.063 of the Texas Government Code. TDCJ asserts that strict compliance with this law could prevent, hinder, or deter offenders housed at TDCJ facilities from seeking immediate medical care and testing upon experiencing mild or initial symptoms of COVID-19. Prompt medical care and testing is vital to the state's effort to cope with the declared disaster.

In accordance with section 418.016 of the Texas Government Code, the Office of the Governor grants TDCJ's request to suspend Section 501.063 of the Texas Government Code to the extent necessary to avoid the imposition of a health care services fee for health care sought in relation to COVID-19.

This suspension is in effect until terminated by the Office of the Governor or until the March 13, 2020 disaster declaration is lifted or expires.

Thank you,

Allegra Hill
Budget & Policy Advisor
Office of the Governor

From: Jason Clark <Jason.Clark@tdcj.texas.gov>
Sent: Tuesday, March 17, 2020 2:42 PM
To: Allegra Hill <Allegra.Hill@gov.texas.gov>

Cc: Bryan Collier <bryan.collier@tdcj.texas.gov>; Kristen Worman <Kristen.Worman@tdcj.texas.gov>; Lannette Linthicum <lannette.linthicum@tdcj.texas.gov>
Subject: Health Care Fee Waiver

[**EXTERNAL SENDER**] - Do not click on links or open attachments in unexpected messages.

Ms. Hill,

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I appreciate your office's consideration of our request. Please let me know if any additional information regarding this matter is needed.

As always, this agency will remain diligent in its efforts to ensure staff, offender and public safety.

Jason Clark
Chief of Staff
Texas Department of Criminal Justice
Office: 936-437-6726
Fax: 936-437-6299

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(2) Repealed by Acts 2019, 86th Leg., R.S., Ch. 1046 (H.B. 812), Sec. 2, eff. September 1, 2019.

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